COUNTY COUNCIL OF CUMBERLAND

ANNUAL REPORT

ON THE

HEALTH SERVICES OF THE COUNTY

FOR THE YEAR 1945

KENNETH FRASER,
M.D., F.R.S.E., D.P.H., D.T M.
COUNTY MEDICAL OFFICER.

INDEX

TO THE CHAIRMAN AND MEMBERS OF THE CUMBERLAND COUNTY COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to present my fourteenth Annual Report on the Health Services of the County. The report is again much restricted in size and scope, but gives, I trust, a reasonably comprehensive picture of the work we have been doing during the year.

Following precedent I have taken the opportunity of making reference, fairly extensively, to matters of current interest and importance which have occurred in 1946, as I believe you agree that in a report of this kind it is unwise to minimise the value of the report—whatever that may be—by adhering too closely to the calender. The statistics of course are strictly for the year 1945.

I have this year included in the report certain maps and graphs to illustrate points of importance, and to demonstrate how certain of our services have fared over fairly lengthy periods. These maps and graphs do not in every case coincide as to the periods under review, for reasons which will be apparent.

If I may select one or two parts of the report to which I would specially like your attention to be directed, I would like to mention the two appendices on the National Health Service proposals, and on the Tuberculosis position in Cumberland.

The National Health Service proposals, as you will see, involve a good deal of planning and action on our part.

I would also like to draw your attention to the interesting statistics relative to illegitimate children on pages 25 to 27.

Faced with the early prospect, under the new National Health Service proposals, of being relieved of responsibility for a considerable part of the clinic and hospital services we now administer, it would have been interesting to have reviewed the results of our trusteeship in these matters. Perhaps the time is hardly ripe for a comprehensive review, but one or two figures taken from my predecessor's reports for 1913/1914 may be interesting for comparison.

The period 1913/14 roughly represents the period during which, or about which, the then recently established health services of County Councils began to get into their stride,

The tuberculosis service began to develop at this time arising out of the Public Health (Tuberculosis) Regulations 1912, and certain other legal enactments. The following comparative figures are therefore of some interest :—

			1945.
Infantile Mortality (Deaths per 1,000 births)	(1913)	108 ..	48
Deaths from Tuberculosis (All forms)	(1913)	365 ..	146
Cases admitted to Sanatoria ..	(1914)	21 ..	160
Tuberculosis Cases on Dispensary Lists	(1914)	31 ..	761
Tuberculosis Contacts Examined ..	(1914)	Nil. ..	820
Tuberculosis Notifications (All forms)	(1914)	460 ..	253
Notifications of Enteric (Typhoid) Fever	(1913)	35 ..	Nil.
Maternal Deaths	(1913)	27 ..	*10

* In the first 6 months of 1946 there has only been one Maternal death.

Vital Statistics.

The vital statistics for 1945 are not so satisfactory as those for 1944. The birth-rate has fallen from 19.7 to 17.4, the same figure as for 1943. The total births have fallen from 3,914 to 3,484. These figures must, I imagine, be about the lowest, if not the lowest, figures for total births ever recorded for the County. The illegitimate birth figure at 303 remains practically unchanged.

The estimated population has fallen by 3,700. This follows an estimated fall of between 8,000 and 9,000 in the previous year, and a fall of 5,000 between 1943 and 1942. The Registrar General's estimated Mid 1945 figure shows a total fall of over 20,000 in the population during the last 5 years. How these figures are arrived at I do not know, and until another census is undertaken the true position will not be known, but it is difficult to reconcile the tremendous estimated fall of over 20,000 with the known acute shortage of housing accomodation all over the County. Frankly the matter is beyond me.

The death-rate has risen from 12.3 to 12.7 per 1,000 of the population.

The pulmonary tuberculosis mortality figure at 122 is considerably higher than the figure for the previous year (95) which was, however, practically the lowest figure in this group ever recorded.

The number of maternal deaths has risen from 6 in 1944 to 10 in 1945. This is disappointing, but this figure has always tended to fluctuate a good deal, and elsewhere in this report I mention that we have only had one maternal death in the first six months of 1946.

Hospital Survey.

During the year the long awaited report on the Hospital Survey by Sir Ernest Rock Carling and Dr. T. S. Mc.Intosh, was received. This Survey Report, both as a factual document, and for guidance on future policy, is most comprehensive and of the utmost value, and the Surveying Officers are to be congratulated on the skill with which they have tackled so extensive and complicated a problem.

Practically all our hospital buildings of every kind in the area have come in for a good deal of criticism. These criticisms have referred to *buildings* only. These are classified in the main as out of date and incapable of expansion or adaptation to meet future developments. The need for much new building is envisaged.

Arising out of this Report a conference was called, representative of the major Local Authorities, of the voluntary hospitals, of the medical profession, and of certain other bodies, which conference appointed a Survey Committee to explore the question of future hospital policy in the area. This survey Committee in its turn appointed a Medical Sub-Committee to make a preliminary exploration and to draft a preliminary report. This report has now been submitted.

It might be thought by some that the time was inappropriate for a local survey of this kind, in view of the impending transfer of all hospitals to the State and to the administration of Regional Hospital Boards, but there can be little doubt that the survey will be extremely useful for the guidance of those who ultimately have to make decisions, because obviously much local consultation will be necessary before recommendations can be made by any persons or body.

Tuberculosis.

I do not propose to say much about this here because I have examined the position fully in other parts of the report, beyond saying that we look forward at an early date to a visit from one of the Senior Medical Officers of the Ministry of Health, to continue the investigations arising out of the

tuberculosis position at Cleator Moor. What recommendations may emerge as a result of these further investigations, I think it better not to anticipate.

The County Maternity Home at Penrith.

The opening of this Home, which had been expected about the end of 1945, is still uncertain, owing to labour and supply difficulties. The Home will, I think, be open for the reception of patients before this report is in your hands.

Certain staff have been appointed, but I anticipate the utmost difficulty in bringing the staff of midwives up to requirements, and it may be that in the first instance the Home will only open for part of its capacity. The midwifery position in the county, which is the same as in the country as a whole, is of course extremely difficult, and it may be that this Maternity Home at Penrith will, for a period, have to be diverted from its original purpose of serving the Penrith Urban and Rural districts, and certain adjoining areas, for the reception of uncomplicated midwifery cases, to the reception of patients from a very much wider field.

I think I should pay tribute to the way which the County Architect has overcome the difficulties which he has had to face in the construction of this Maternity Home, and I also wish to record my grateful thanks to the Director of Social Welfare for much assistance in the selection and purchase of the furnishings for the Home.

Maternity and Child Welfare.

As from the 1st April, 1945, the County Council took over the Maternity and Child Welfare Services in the Borough of Whitehaven, and the agreement transferring these services to the County Council has now been sealed. The statistics for the year therefore include Whitehaven as from the date mentioned.

Sandath Nursery, Penrith.

The County Council have acquired the above premises for the purpose of establishing a residential nursery. This nursery is to be administered for the time being by the Social Welfare Committee, at the request of the Health Committee, but we are to have a share in the beds.

This provision will be extremely useful and will allow us, to some extent, to deal with the problem of mothers and young children who, on account of their confinement, admission to hospital or sanatorium, or for some other reason, are temporarily unable to undertake the care and supervision of their children.

In due course I hope we may see more than one residential nursery established in the county for this type of case.

Blencathra Sanatorium.

As is noted elsewhere in the report, the Voluntary Committee administering this Institution have taken steps to transfer the Institution to the Local Authorities. A decision has been arrived at, between the County Council and the Corporation of Carlisle, that the Sanatorium will be administered by the County Council for the mutual benefit of both Authorities, with an allocation of beds between the Authorities which has been roughly determined, and will be so administered as to enable both Authorities to deal with the fluctuating figures of their respective sanatorium waiting lists in a spirit of mutual co-operation and good-will.

Diphtheria.

Under Circular 194/45, the County Council have been required—as from January 1st, 1945—to accept responsibility for the immunisation of all children under school age, and as a common-sense corollary I have arranged with the Medical Officers of Health of the Local Sanitary Authorities that we will at the same time, without prejudice and subject to cancellation at any time, undertake the immunisation of school children.

The immunisation of school children remains at the moment the responsibility of the Local Sanitary Authorities, but there seems to be no sense in making "two bites of a cherry" in this matter in a rural county like this. We have taken on in this way a substantial additional responsibility, because it is now recognised that one immunisation does not protect a child permanently against diphtheria, and that immunisation should be repeated at five-yearly intervals during the child's school life.

These repeat or "booster" doses as they are called, will involve a good deal of extra work and extra travelling, and what is perhaps even more difficult, a good deal of extra clerical work.

The amount of additional clerical work falling on our Assistant Medical Officers increases to an alarming extent. This new method of recording diphtheria statistics, for which each child now has a separate card, is a case in point, and another impending factor is the proposed new national School Medical Inspection card, which is very much more complicated

than the existing one, and will take a lot more time to complete. I think it may be necessary in the not distant future to arrange in some way or another for clerical assistance for the Medical Officers to enable them to cope with this problem.

It is obviously not economic to occupy a Medical Officer's time at a Medical Officer's salary for doing quite simple, if voluminous, clerical work.

Staff.

Once again I must express my thanks to all members of my staff for the way in which they have carried out their duties under conditions which remain extremely difficult.

I am,
Your obedient Servant,
KENNETH FRASER,
County Medical Officer.

County Health Department,
11 Portland Square,
Carlisle.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

To economise paper the usual list is omitted. The following staff changes occurred during the year :—

Health Visitors.

Appointed—Miss H. K. Carr.
,, Miss A. Booth.

County Council Midwives.

Resigned—Mrs. M. E. Atkinson.
,, Mrs. G. Mackenzie.

Dental Officers—Deceased, Mr. A. G. Towers.

Dental Attendants.

Resigned—Mrs. B. H. Robinson.
,, Miss A. M. Thomson.
,, Miss D. Leeming.
Appointed—Miss A. Smith.
,, Miss E. E. Wilson.

Social Worker—Mrs. G. Campbell.
Appointed (part-time).

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA.

The essential vital statistics for the year 1945 are as under :—

Population.

	At 1931 Census.	Estimated by Registrar General, Mid. 1945.
Urban Districts ..	114,459	77,510
Rural Districts ..	91,331	117.610
Administrative County ..	205,790	195,420

Rateable Value and sum represented by a penny rate.

The rateable value of the County at 1st April, 1945, was £1,012,078. The estimated product of a penny rate was £3,977.

Extracts from vital statistics for the year 1945.

LIVE BIRTHS.

	Total Births.	Males.	Females
Legitimate ..	3,084	1,606	1,478
Illegitimate ..	303	170	133
Total Births ..	3,387	1,776	1,611

Birth Rate per 1,000 population—17.4
(England and Wales 16.1)

STILL BIRTHS.

	Total Still-Births.	Males.	Females.
Legitimate ..	85	44	41
Illegitimate ..	12	6	6
Total Births ..	97	50	47

Rate of Still-Births per 1,000 total births—28.

DEATHS.

Total Deaths.	Males.	Females.
2,477	1,242	1,235

Crude Death Rate per 1,000 population—12.7.
(England and Wales 11.4)

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILDBIRTH.

From Sepsis	3
Other Causes	7

Maternal Death Rate per 1,000 Total Births—2.9

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

All Infants per 1,000 Live Births	48
Legitimate Infants per 1,000 Legitimate Live Births	49
Illegitimate Infants per 1,000 Illegitimate Live Births	40
DEATHS FROM CANCER (ALL AGES)	313
DEATHS FROM MEASLES (ALL AGES)	2
DEATHS FROM WHOOPING COUGH (ALL AGES) ..	5
DEATHS FROM DIARRHŒA (UNDER 2 YEARS) ..	16

The 3,387 live-births were distributed among the Urban and Rural Districts, as follows :—

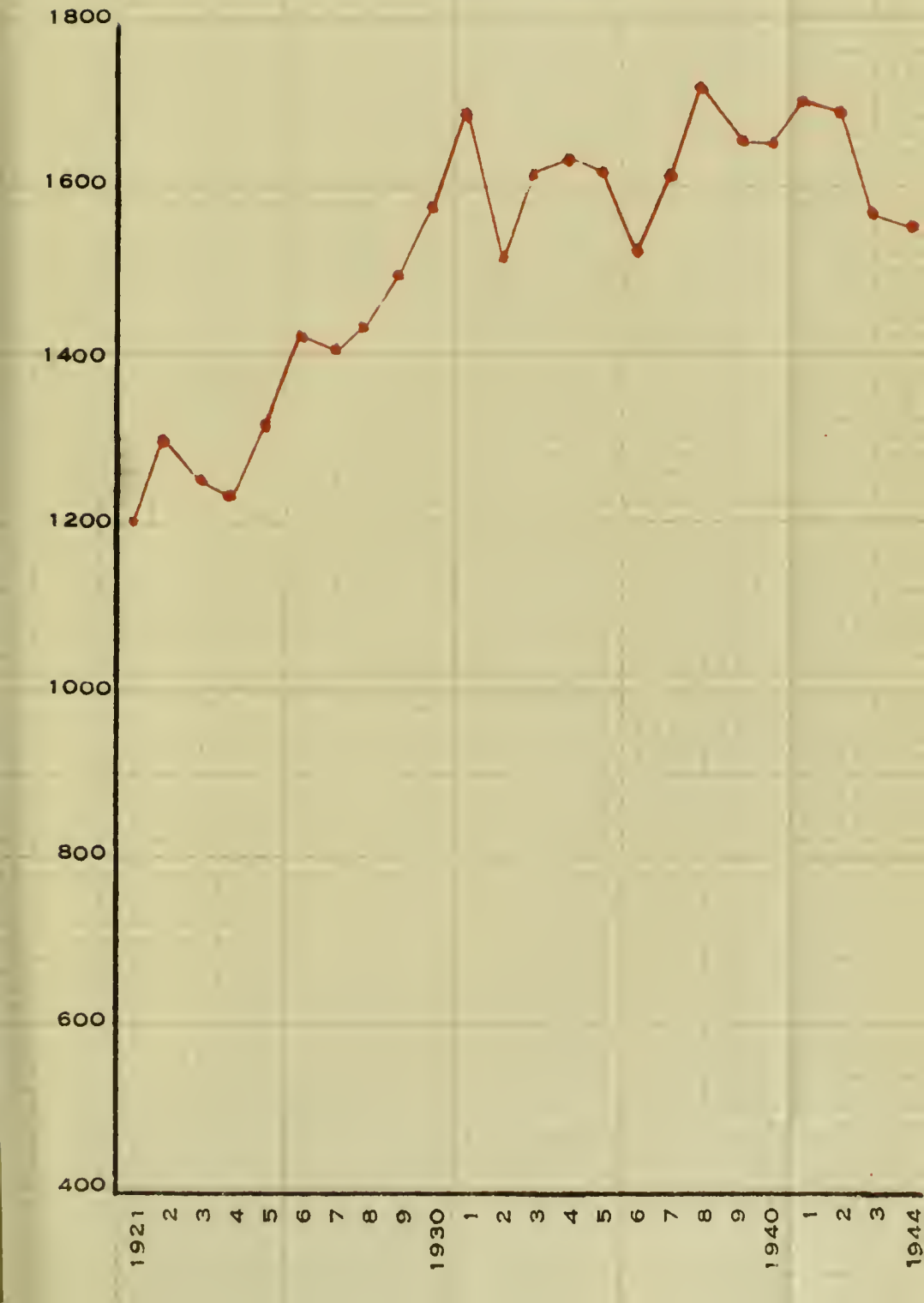
Births, 1945.

URBAN DISTRICTS.	Total Births	Legitimate	Illegitimate	Birth Rate
Cockermouth	57	50	7	12.0
Keswick	58	52	6	12.9
Maryport	211	197	14	19.2
Penrith	137	126	11	14.5
Whitehaven	428	393	35	19.8
Workington	440	402	38	16.8
Aggregate of Urban Districts	1331	1220	111	17.2
RURAL DISTRICTS				
Alston	42	39	3	19.0
Border	430	390	40	16.6
Cockermouth	289	262	27	16.3
Ennerdale	460	419	41	17.7
Millom	212	185	27	17.9
Penrith	196	182	14	17.5
Wigton	427	387	40	19.7
Aggregate of Rural Districts	2056	1864	192	17.5

CANCER DEATH RATE

RATE—PER MILLION POPULATION

1921 - 1944




HEART DISEASE DEATH RATE
RATE—PER MILLION POPULATION
1921 - 1944
3500
3250
3000
2750
2500
2250
2000
1750
1500
1250
1921
2
3
4
5
6
7
8
9
1930
1
2
3
4
5
6
7
8
9
1940
1
2
3
1944

The 2,477 deaths were distributed among the Urban and Rural Districts, as follows :—

Deaths, 1945.

Urban Districts	Total	Males	Females	Crude Death Rate
Cockermouth	59	31	28	12.5
Keswick	77	28	49	17.2
Maryport	143	69	74	13.0
Penrith	132	64	68	14.0
Whitehaven	280	140	140	13.0
Workington	380	206	174	14.5
Aggregate of Urban Districts	1071	538	533	13.8
Rural Districts				
Alston	25	13	12	11.3
Border	335	153	182	12.4
Cockermouth	201	101	100	11.3
Ennerdale	300	151	149	11.6
Millom	149	84	65	12.6
Penrith	124	67	57	11.1
Wigton	272	135	137	12.6
Aggregate of Rural Districts	1406	704	702	12.0

Principal Causes of Death.

Cause of Death.	No. of Deaths. 1944.	1945.
Heart Disease	601 ..	614
Inter-cranial Lesions (Cerebral Haemorrhage, &c.)	285 ..	295
Other Circulatory Diseases	88 ..	96
Cancer, Malignant Disease	309 ..	313
Congenital Debility, Premature Birth, &c.	111 ..	98
Pulmonary Tuberculosis	95 ..	122
Other Tuberculous Disease	23 ..	26
Pneumonia (all forms)	109 ..	117
Deaths by Violence (including Suicide)	97 ..	74
Acute and Chronic Nephritis	67 ..	58
Bronchitis	97 ..	84
Diabetes	25 ..	26
Influenza	26 ..	17
Road Traffic Accidents	15 ..	25

The only comment I wish to make on the above table is that deaths from heart disease are again rising. The attached graph showing the position over the last twenty-five years or so, is very striking, and it would be even more striking, and the rise even steeper, if we included the deaths from cerebral haemorrhage and allied conditions which, ten years ago, were 196 compared with 295 for 1945. The answer, of course, is the increasing pace of modern life and the influence of war time conditions.

Infantile Mortality.

Of the 3,387 live births during the year 162 died before reaching the age of 12 months. This figure shows a fall of 30 compared with the previous year, and the infant death-rate per 1,000 live-births is therefore 48 compared with 49 for 1944. The figure for England and Wales is 46. The causes of death are shown in the following table :—

Causes of Deaths.	No. of Deaths. 1944.	1945.
Bronchitis	5	5
Debility, Congenital, premature birth, &c.	*111	°90
Digestive Diseases—Other	8	2
Diarrhoea, &c.	10	15
Whooping Cough	5	3
Diphtheria	1	0
Influenza	2	0
Measles	1	2
Pneumonia (all forms)	28	21
Tuberculosis—Non-Pulmonary	2	2
Tuberculosis—Pulmonary	0	0
Violence—Deaths by	9	8
Other Defined diseases	10	14
Totals	192	162

* Includes 64 premature births
° Includes 33 premature births

In these days when the value of child life to the national economy is coming more and more into a proper perspective, it is worth while drawing attention to the fact that during 1945 we lost 33 children as a result of premature births. This figure is much lower than for 1944 when 64 premature children died, but it does emphasize the wisdom of the Ministry in drawing attention to this matter. There are, of course, no really adequate facilities for dealing with premature births in the area, and this is one of the points which must be borne in mind when the time comes to build our new hospitals.


INFANTILE MORTALITY RATE
RATE—PER 1,000 LIVE BIRTHS
1908 - 1944
130
120
110
100
90
80
70
60
50
40
WAR YEARS
STATISTICS
NOT AVAILABLE
1908
9
10
1
2
3
4
5
6
7
8
9
1920
1
2
3
4
5
6
7
8
9
1930
1
2
3
4
5
6
7
8
9
1940
1
2
3
1944

Urban Districts.	No. of Infant Deaths.	Rate.
Maryport	18	85 3
Whitehaven	26	60.7
Penrith	7	51.1
Workington	20	45.5
Cockermouth	2	35.1
Keswick	1	17.2
Aggregate of Urban Districts	74	55.6
Rural Districts.		
Millom	11	51.9
Cockermouth	14	48.4
Alston	2	47.6
Wigton	20	46.8
Ennerdale	18	39.1
Border	16	37.2
Penrith	7	35.7
Aggregate of Rural Districts	88	42.8

1945 Rate for England and Wales .. 46
1945 Rate for Cumberland County .. 48

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Facilities.

No essential change has taken place in the laboratory arrangements during the year. The unit basis of payment for the examination of specimens is now well established and works smoothly.

Under the new National Health Service Bill, if it becomes law, the Minister has power to provide a bacteriological service, including laboratories for the control of the spread of infectious diseases. Nothing is said in the Bill about pathological services, or laboratory services attached to hospitals as at the Cumberland Infirmary, but presumably the intention is that the laboratories will be transferred to the State along with the hospitals, and presumably Local Authorities will be able to utilise the services of these transferred laboratories on terms to be subsequently decided.

Perhaps I should say a word about blood transfusion. This service affects us particularly in respect of our midwifery service. Dr. Faulds has, over the years, built up at great personal labour a blood transfusion service to cover the whole area. Unhappily at the moment the fall in the numbers of blood donors—which reached a high level during the war—has since the war ended been such as to cause considerable anxiety as to the future efficient maintenance of this service. How this problem is ultimately going to be solved on a permanent basis I do not know. It should be noted here that under the Bill the proposal is to transfer the blood transfusion service to the State.

Ambulance Facilities.

These remain unchanged, although a number of the ambulances employed in the area are not in the best of repair.

Under the provisions of the National Health Service Bill the organisation of the ambulance service in any area will become—after the appointed day—the responsibility of the Local Health Authorities, in this case the County Council, and under these circumstances I cannot see any move in the intervening period towards the replacement of worn out ambulances, by any of the local bodies which at present maintain ambulance services in the county.

Nursing in the Home.

The shortage of nurses in the country as a whole is now well realised, and it will therefore be understood that it has proved extremely difficult to maintain our own nursing and midwifery services on the one hand, and the district nursing service of the Cumberland Nursing Association—with which we are closely concerned—on the other.

The position shows no sign of improvement, and the strain is perhaps chiefly felt in the midwifery section. Certain of the Maternity Units in the hospitals in the area to which we send our patients have, during the year, been threatened with closure on account of the complete failure to maintain a staff of midwives at a workable level. At least one private nursing home has recently been under the same threat of closure for the same reason. The result, as is noted elsewhere in the report, has been that we have had to refuse admission to hospital for confinement to many cases who *should* have been confined in hospital, chiefly through strained and in some cases appalling domestic conditions.

All this is perhaps irrelevant to the particular heading of "Nursing in the Home," but, when it is realised that precisely the same difficulties have been experienced in maintaining a staff of district nurses working in the area, it will be realised that the two are really interlocked. If an expectant mother cannot be admitted to a hospital bed through no fault of her own, she is surely entitled to be guaranteed the services of a midwife at home, yet in recent months the possibility of neither of these being available to patients in certain areas of the county has been in the picture more than once. This of course is a dreadful state of affairs.

Under the National Health Service Bill, as will be seen in the appendix, the County Council has to assume very wide responsibility in the matter of domiciliary nursing. The method by which we must *endeavour*—I put it no higher than this—to carry out these duties, will call for the most careful examination.

Clinics and Treatment Centres.

The only change which has taken place during the year has been in Whitehaven, in which Borough since April 1st, 1945, the county has administered the Maternity and Child Welfare service. This has involved the transfer to the County Council of the two clinics in the Borough at Sandhills Lane and at Kells.

Early in 1946 the Clinic and Treatment Centre at Aspatria—the first of our standard clinics to be built—was opened as a full treatment centre. Previously it had only been used for dental clinic purposes on account of shortage of staff during the war period.

Hospitals.

The only changes in the hospitals in the area of which I am aware—and these of a minor nature—have taken place or are taking place at the Cumberland Infirmary. The changes have taken the form of the provision of additional hutments, and quite recently of the purchase of a large hall in which the Rehabilitation Department at the Infirmary has for the future to be housed.

THE PUBLIC ASSISTANCE MEDICAL SERVICE.

(A) Institutional Services.

There are in the County of Cumberland the following Institutions and Homes maintained under the provisions of the Poor Law Act, 1930 :—

Station View House, Penrith.
Highfield House, Wigton.
Meadow View House, Whitehaven.
Englethwaite Boys' Home, Armathwaite.
Lark Hall Girls' Home, Penrith.

All these establishments continue to function in an efficient manner, and are carefully and economically administered. The two Homes make special provision for the maintenance of the boys and girls received.

During the twelve months ended 31st December, 1945, the normal admissions of the three main Institutions under the Poor Law Code were 847, discharges 605, deaths 155, with 19 live births occurring in Meadow View House, Whitehaven.

Maintained in Station View House, Penrith, Highfield House, Wigton, and Meadow View House, Whitehaven, were 3, 1 and 6 persons, respectively, detained therein under section 24 of the Lunacy Act, 1890.

(B) Domiciliary Medical Relief Scheme.

The Open or Free choice system of medical attention for the Sick Poor has now operated in the major part of the administrative County since the 1st October, 1937, and the records of cases treated under the Scheme have been systematically examined from time to time.

The Scheme has now been brought into line with the financial years ending in March, and the following statistics relating to the year ended March 31st, 1946, show :—

(a) the number of cases receiving treatment in each quarter ;
(b) the number of visits paid by practitioners to the homes of patients ;
(c) the number of patients who consulted practitioners at their surgeries ;
(d) the number of bottles of medicine dispensed.

Quarter Ended.	*No. of Cases.*	*Home Visits.*	*Attendances at Surgery.*	*Medicines Issued.*
30/6/45	928	3368	962	4763
30/9/45	817	3117	777	4056
31/12/45	1058	4023	996	5224
31/3/46	1027	4285	852	4976
	3830	14793	3587	19019

Of 2317 persons included in the Permanent Medical Relief List, 1250 actually received Medical Relief during the financial year ended 31st March, 1946.

The Open Choice System has continued to work smoothly and satisfactorily to the patients, the practitioners, and the Social Welfare Committee.

At the end of each quarter the whole of the medical record cards returned by the Contracting Medical Practitioners are systematically examined, points borne in mind being, for example :—

(a) Cases where over-visiting might be apparent ;

(b) cases where there might appear to be insufficient visiting or inadequate treatment ;

(c) cases where the County Medical Services might have been indicated and employed, e.g., cancer, crippling, prevention of blindness, tuberculosis.

As the result of the examination of the record cards for the year ended 31st March, 1946, we have found that on the information supplied treatment appears to have been satisfactory. The records have been generally well kept and the scheme appears to be working efficiently. During the 12 months there has only been evidence of over-visiting by four Practitioners who have been communicated with regarding this, and who have given explanations.

Medicines.

In the districts where the Open or Free choice system is in operation, Contracting Practitioners, under the terms of the Scheme, dispensed medicines, but in one district, i.e., Maryport, where there is a specially appointed part-time practitioner, prescriptions are issued by him on local chemists, which, after being dispensed, are periodically referred to the Pricing Bureau, payment being made to Contracting Chemists on the basis of the Bureau's final certificates.

Panel of Contracting Practitioners.

There are now 61 Medical Practitioners contracting under the Scheme incorporating 46 separate practices. Included in these are 2 Carlisle Medical Practitioners who agreed to enter the Scheme in order to deal with cases in areas adjacent to Carlisle.

Special Drugs, Medicines, &c.

Cases requiring the above continue to be referred for approval, and during the year in question 310 orders and repeat orders were issued at a cost of £415 0s. 0d.

Medical Relief—Evacuated Persons.

During the year ended 31st March, 1946, 11 evacuees and their children received medical treatment under the Committee's Scheme.

MENTAL DEFICIENCY.

I am again indebted to the Clerk to the Joint Committee for the Mentally Defective for the following statistical information on this matter :—

Institutional Treatment.

On the 31st December, 1945, there were 457 patients chargeable to the Joint Committee in Institutions or under Licence therefrom as compared with 441 on the 31st December, 1944. These cases came from the Constituent Authorities' areas as shown below :—

	Males.	*Females.*	*Totals.*
Cumberland	133	148	281
Westmorland	48	48	96
Carlisle	37	43	80
	218	239	457

The following statement shows the numbers accommodated in the various Institutions at the end of 1945.

Dovenby Hall Colony	303
Milnthorpe Institution	80
Royal Albert Institution	18
Rampton State Institution	11
Durran Hill House	11
Totterdown Hall Colony	11
Lisieux Hall..	6
Other Institutions	17

Guardianship.

At the end of 1945 there were 95 patients under Guardianship Orders (including patients on licence therefrom) as compared with 94 patients at the beginning of the year. The difference of one is accounted for by the fact that five patients were no longer detained under Guardianship ; one was discharged from Order, two died and two were transferred to Institutional care ; whereas six patients, one from an Institution, were admitted into Guardianship. The distribution was as follows :—

Cumberland	69
Westmorland	19
Carlisle	7

Statutory Supervision.

On the 31st December, 1945, there were 348 cases under Statutory Supervision as compared with 351 cases at the beginning of the year. The decrease is explained by the fact that few patients were placed under Statutory Supervision during the past year whereas accommodation was found in Institutions for several urgent cases formerly under Statutory Supervision. Two patients died. The geographical distribution was as follows :—

Cumberland	168
Westmorland	49
Carlisle	131

Licence.

During 1945 twelve patients went off licence. No less than five of these patients were discharged from Order and, while it may be early to regard them as permanently stabilised it is nevertheless pleasing to record that with one exception these patients appear to be doing well. There is, too, good reason to hope that the exception, who met the wrong type of companion, has learned the error of his ways and will make good in the future. Four well-tried cases had to be returned to Institution care, two inexperienced patients failed to survive the test and one patient on licence was admitted to Guardianship.

On the other hand, eleven patients were sent on licence, and the figures given below show a net decrease of one in the number of patients on licence at the end of the year —

On Licence at 31/12/44	45	
Returned or discharged	12	
		33
New Licences granted during 1945	11	
		44

MATERNITY AND CHILD WELFARE.

Maternal Mortality.

Maternal deaths for 1945 were 10. The maternal death-rate per 1,000 births was therefore 2.9 against 1.5 for the previous year.

The mortality figures for the immediately preceding years were as under :—

1940—	9	deaths equal to a rate of	2.6	per 1,000 births.
1941—	9	,, ,,	2.5	,,
1942—	5	,, ,,	1.4	,,
1943—10		,, ,,	2.7	,,
1944—	6	,, ,,	1.5	,,
1945—10		,, ,,	2.9	,,

The 10 deaths which occurred in 1945 are divided as follows :—

Puerperal Sepsis	3
Other Puerperal Causes	7

These figures show County rates for puerperal sepsis of .86 and for other causes of 2.0.

The distribution of deaths by areas is shown in the table below :—

	Puerperal Sepsis.	*Other Puerperal Causes.*
Whitehaven Borough	—	1
Workington Borough	—	1
Maryport Urban	—	1
Penrith Urban	—	1
Border Rural	2	—
Ennerdale Rural	1	2
Wigton Rural	—	1
	3	7

Among the deaths classified as " other puerperal causes " the death certificates show the causes of death to be as under :

1 Acute eclampsia

2 Paralytic Ileus and Peritonitis : Obstructed Labour.

3 Haemorrhage due to Placenta Praevia (twin pregnancy).

4 Acute eclampsia—toxaemia of pregnancy.

5 Obstetrical shock : Retained placenta : manual removal—miscarriage (twins).

6 Post-partum haemorrhage—retained adherent placenta.

7 Myocardial failure : Acute Pulmonary oedema : Parturition (2 days ago) : Diphtheria (10 years ago). Obstetric Shock.

MATERNAL DEATHS

RATE—PER 1,000 BIRTHS

1925 - 1944

The work of the ante-natal scheme during the year is shown in the following tables :—

Examined at Practitioners' Surgeries	680
Examined at Home	878
	1558
Findings at Examinations :—	
Normal	1252
Abnormal	306
Number of Further Examinations	1018
Recommended for Hospital :—	
On account of Home conditions	373
On account of Patient's condition	41
Recommended to have doctor at confinement	10
Specialist opinion recommended	67
Dental treatment recommended	84

These figures vary little from the preceding year. The only change of any significance is the rise in the number of patients examined at the practitioners' surgeries and a corresponding fall in the number of patients examined at home. This seems to be a desirable change.

SUMMARY OF ABNORMALITIES FOUND ON ANTE-NATAL EXAMINATION :—

Anæmia and General Debility	7
Albuminuria and Oedema	22
Varicose Veins	40
Vaginal Discharge	35
Malpresentation	31
Heart Condition	3
Threatened Abortion	4
Contracted Pelvis	47
Hæmorrhage	9
Hyperemesis Gravidarum	4
Pyelitis	3
Tuberculosis	1
History of Difficult Labours	2
Raised Blood Pressure	17
Glycosuria	1
Dental	62
Other Abnormalities—unsatisfactory general health ..	18
	306

Here again there is little change from the previous year.

ADMISSIONS TO HOSPITAL.

There were 525 maternity cases admitted to hospital for confinement under the Local Authority Scheme. This shows a fall of about sixty cases compared with 1944. I am surprised that the fall is not greater. As mentioned elsewhere in this report, it has been, speaking generally, with the greatest difficulty, and only at the price of unreasonable strain on the staff concerned, that the maternity units in the various hospitals and nursing homes in the area have maintained their services. At the time of writing the position is worse than ever and certain closures of maternity units are threatened. In all my experience, which is a long one, the position has never been so bad, nor anything like so bad as it is just now. Admissions to hospital on account of home conditions have almost ceased in East Cumberland (so far as admissions through the Health Department are concerned). We have regrettably had to refuse admission to hospital for confinement of women living in caravans ; in circumstances of gross overcrowding ; and even in cases where the expectant mother has not even the prospect of being able to cease sharing her bedroom with other people at a time when the need for privacy and peace is pre-eminent. We have also had to refuse hospital admission to many young women living in lodgings, often having their first babies, and often where antagonism between the expectant mother and her landlady has arisen owing to the fuss and bother created in the house because of the confinement.

As I have indicated in another part of the report our domiciliary midwifery service, which is complementary to the hospital service, has only been hanging on by the skin of its teeth, and in certain areas that is putting it too high because a number of areas have been without district nurse midwives for considerable periods.

I prophesied in last year's report that "we will soon arrive at the position when we will have to turn cases away, which will be deplorable." This position has now arrived.

Admissions to hospital were for the following reasons :

Home conditions unsatisfactory	330
Retained placenta	1
Albuminuria	7
Contracted pelvis	10
Bad previous history	19
Raised blood pressure	8
Eclampsia	19
Cæsarean section	12
Hyperemesis Gravidarum	4

Malpresentation	10
Abortion	34
Phlebitis	1
Varicose veins	1
Hæmorrhage	17
Anaemia	2
Heart condition	3
Pyelitis	2
Delayed labour	13
Intra Uterine Death	2
Hydramnios	3
Failed forceps	4
Other causes	23
	525

The above cases were admitted to the following hospitals, and for comparison figures for the two previous years are given.

	1943	1944.	1945.
Whitehaven & West Cumberland Hospital	62	72	112
Workington Infirmary	16	24	51
Victoria Cottage Hospital, Maryport	114	131	105
Carlisle City General Hospital	204	244	171
Alston Cottage Hospital	5	1	1
Brampton Cottage Hospital	5	5	2
Gilsland Maternity Hospital	66	112	83
	472	589	525

In addition 19 cases were admitted to St. Monica's Home, Kendal.

Thirty-three cases of pyrexia, puerperal sepsis, or septic abortion, were admitted to the Carlisle Infectious Diseases Hospital.

Emergency admissions to hospital amounted to 145.

Twenty confinements took place in the maternity ward of the Public Assistance Institution at Whitehaven.

The number of visits paid during the year by Health Visitors, County Council Midwives and District Nurses, to expectant mothers, amounted to 14,153.

These figures exclude Workington (1,828), Alston (176), and midwives practising independently (564).

Infantile Mortality.

This question has been dealt with in the first section of this report.

Health Visiting.

The relevant figures are :—

Visits by Health Visitors and District Nurses :—	
Children under one year of age	27,015
Children between 1 and 5	22,104
Maternity and Child Welfare Clinics :—	
Children under one year of age who attended	920
Children between 1 and 5 who attended	1,129
Total attendances	9,111
Defects under 5 years of age treated :—	
Dental defects	78
Eye defects	65
Ear, Nose and throat defects	58

(For Orthopædic treatment see pages 30 to 32).

At the Penrith Voluntary Maternity and Child Welfare Clinic 272 children attended, making 1,585 attendances. At Cockermouth 58 attended, making 295 attendances.

Maternity and Nursing Homes.

There are no changes to record affecting the private Maternity and Nursing Homes during the year.

Puerperal Pyrexia.

During the year 22 cases were notified, compared with 35 for the previous year. Of these, 17 were admitted to the puerperal sepsis block at Crozier Lodge. The remainder of the admissions to Crozier Lodge, noted overleaf, were transfers from the City General Hospital, or were non-notifiable septic abortions.

Public Health Act, 1936, Sections 206-220.

The usual work of supervision and visitation of boarded-out children has been carried out in accordance with the terms of the above Act by Health Visitors who are designated and approved as Child Protection Visitors, and as Visitors under the Adoption of Children Act, 1939.

In the light of recent events in various parts of the country this work has been undertaken with very great care and nothing untoward has come to notice. It should be pointed out that, whatever be the reason, the number of boarded-out children is gradually decreasing, at least in this County. The suggested reason is that the payment made

by the mother to the foster-mother is at today's values insufficient to maintain the child, and certainly insufficient to be attractive to any potential foster-mother. What is happening to the children who used to be boarded-out in this way I do not know, but I think it is common knowledge that unmarried mothers in various kinds of employment are today being allowed to take their children with them to an extent which previously would not have been acceptable to the employer.

REPORT ON VISITATION OF CHILDREN FOR THE YEAR ENDED 31st DECEMBER, 1945.

		Legit.		*Illeg.*		*Total*	
		M.	*F.*	*M.*	*F.*	*M.*	*F.*
A.	No. of Children under supervision on 1st January, 1945	4	—	6	5	10	5
B.	No. brought under supervision during year ended 31st December, 1945	3	—	2	1	5	1
C.	No. removed from Register during the year ended 31st December, 1945	5	—	3	3	8	3
D.	No. remaining under supervision as at 1st January, 1946	2	—	5	3	7	3
E.	Total No. of 1st Visits to Homes by Health Visitors ..						6
	„ .. Re-visits „ „ „ ..						125
	„ of Children concerned						21

Illegitimate Children.

Arising out of Circular 2866 a particularly close supervision was kept throughout the year on as many illegitimate children as could be traced. The total number of illegitimate children in which investigation was started was 193. Of these, investigation was not proceeded with in 44 cases as follows :—

(a) where the mother of the child soon after its birth married the father	9
(b) where children born to the wives of servicemen were accepted by the husband into the family	3
(c) born outside the County of Cumberland (transferable births and remaining outside Cumberland) . ..	3
(d) where the baby was legally adopted	5
(e) where the notification of illegitimacy was found to be in error	8
(f) where the mother left the County	15
(g) where the baby died	1
	44

Eliminating the above, 149 cases were fully investigated.

The following is an analysis of the findings :—

(a) where the mother was married 32

In 23 cases there were legitimate children of the marriage. In 9 cases there were no other children.

The ages of the mothers were as follows :—

21-25	3
25-30	14
Over 30	15

(b) where the mother was single 112

The Analysis here is as under :—

First baby	84
Second baby	17
Third baby	6
Fourth or more	5

The ages of the mothers varied between 15 and 40. In 8 cases the mother was under 18 years of age.

(c) where the mother was a widow 5

Here the position was as follows :—

With other children	4
With no other children	1

The disposal of the children was as follows :—

Living with mother	54
Living with grandparents	1
Living with parent in grandparents home	93
Died	1
Placed in the care of the Education Authority	1

The circumstances of the fathers so far as these could be traced were as under :—

In H.M. Forces	30
Italian Prisoner of War	1
In Civil Employment	47
Untraceable	71

Affiliation position :—

Cases where action was taken by the mother	14
County Council assistance sought regarding affiliation	12
Affiliation order granted or a regular allowance paid without an order	28
Lump sum paid	1
No action regarding affiliation	94

Cases in which the economic position of a family were affected to the point of hardship by the birth of the child, for example where the mother ceased to be gainfully employable 16

Health Visitors reports on the health and well-being of the children were as under :—

Satisfactory	127
Not quite satisfactory	21
Unsatisfactory	1

The reports on the conduct and attitude of the mothers were as under :—

Satisfactory	78
Not quite satisfactory ..	57
Unsatisfactory	14

The above is a fairly broad picture and a fairly detailed analysis of a rather complicated problem. I do not propose to repeat such an analysis in future years, but once in a while it is worth presenting to you. As will be seen the general picture is not unsatisfactory and there is little evidence that in this area at least children suffer in health or well-being because they are illegitimate. It is true that in a proportion of cases certain unsatisfactory circumstances were disclosed, but the proportion would be equally high among legitimate children, and possibly in my view higher.

It is perhaps worth noting that in the whole 193 cases only two deaths occurred, one prior to investigation being begun and one during the investigation. Two deaths out of 193 cases investigated gives an infantile mortality rate of a little over ten per thousand live-births. This is far below the infantile mortality rate for legitimate births in Cumberland, or indeed in the country as a whole. In fact such a figure would set a national target for infantile mortality which would generally be regarded as completely unobtainable or even unapproachable, and it all goes to show that the illegitimate child appears to get a fair crack of the whip.

Midwives.

During the year 133 midwives notified their intention to practise. These notifications included 73 midwives employed by Nursing Associations. The remainder were midwives employed by the County Council, Independent Midwives, holiday and emergency midwives and midwives in hospitals, including those at the Gilsland Maternity Home. The average number of midwives undertaking domiciliary midwifery was 88.

Independent midwives have now almost vanished from the scene, there being only four still practising in different parts of the County. As has been stated previously the midwifery position as regards maintaining an effective staff of midwives caused continuous anxiety during the year, both as regards the County Council staff and as regards Nursing Associations.

At the time of writing the position is worse than ever, and we are short of approximately ten midwives for domiciliary midwifery, with no apparent hopes of filling these vacancies.

One midwife was suspended from duty on account of a carrier condition.

Routine midwifery inspections paid during the year amounted to 83. In addition 68 other visits were paid by the Supervisor of Midwives or the Assistant Supervisor, in connection with puerperal pyrexia and other matters.

The domiciliary midwifery cases attended by midwives amounted to 1,384, of which 174 were in the Borough of Workington, and the remaining 1,210 in other parts of the administrative County.

Maternity cases attended by midwives as maternity nurses amounted to 730, of which four were in the Borough of Workington.

Medical help was summoned on 735 occasions.

Conditions for which medical help was sought are set out in the following table :—

For the Mother.	District Nurse Midwives	Independent Midwives	Municipal Midwives	Unaffiliated Midwives	Total
Pregnancy.					
Abortions	30	1	13	—	44
Albuminuria	26	1	13	—	40
Oedema	5	—	—	—	5
Varicose Veins	2	—	4	—	6
Sickness	7	—	1	—	8
Post Maturity	—	—	5	—	5
Unsatisfactory Conditions	10	—	24	—	34
Placenta prævia	—	—	3	—	3
Heart	1	—	2	—	3
Eclampsia	1	—	2	—	3
Labour.					
Premature Birth	14	—	4	—	18
Prolapsed Cord	—	—	—	—	—
Delayed Labour	102	3	41	1	147
Ruptured Perineum	88	—	67	1	156
Contracted Pelvis	—	—	—	—	—
Haemorrhage	16	1	11	1	29
Retained Placenta	5	—	1	—	6
Breech Presentation	16	—	10	—	26
Breast conditions	4	—	6	—	10
Early rupture-membranes	5	—	3	2	10
Phlebitis	—	—	—	—	—
Other conditions	39	1	1	—	41

Lying-in.

High Temperature	..	19	..	—	..	9	..	—	..	28
Post-partum Haemorrhage		10	..	—	..	1	..	1	..	12

For the Baby.

Feebleness	..	10	..	—	..	3	..	—	..	13
Discharging Eyes	..	19	..	—	..	7	..	1	..	27
Premature	..	3	..	—	..	3	..	—	..	6
Deformities	..	—	..	—	..	1	..	—	..	1
Unsatisfactory Conditions	..	5	..	—	..	12	..	—	..	17
Jaundice	..	4	..	—	..	4	..	—	..	8
Pemphigus	..	1	..	—	..	—	..	—	..	1
Phimosis	..	—	..	—	..	—	..	—	..	—
Cyanosis	..	1	..	—	..	—	..	—	..	1
Other conditions	..	17	..	—	..	5	..	—	..	22
Stillbirth	..	2	..	—	..	1	..	—	..	3
Haemorrhage	..	—	..	—	..	2	..	—	..	2
		462	..	7	..	259	..	7	..	735

ABORTION.

The following table shows the distribution by areas of cases in which medical help was sent for on account of abortion. As usual Workington heads the list.

	1944.		1945.
Workington Borough	10	..	12
Whitehaven Borough	1	..	1
Cockermouth Urban	3	..	2
Penrith Urban	—	..	—
Border Rural	2	..	8
Cockermouth Rural	7	..	5
Ennerdale Rural	8	..	8
Millom Rural	2	..	—
Penrith Rural	1	..	1
Maryport Urban	2	..	3
Keswick Urban	1	..	1
Wigton Rural	3	..	3
Alston Rural	1	..	—
	41	..	44

ORTHOPAEDIC TREATMENT.

The work of the Orthopaedic Section has continued on the same lines as in previous years. As usual, the somewhat minor defects of rickets and flat feet stand out predominently among the types of orthopaedic conditions treated It is curious how the number of cases of rickets and flat feet seen each year continues to rise. In 1939, for example, the total number of cases of rickets and flat feet dealt with amounted to 75. Last year, as will be seen, the number was 160. Although these are minor conditions, they can be disabling, and the curious thing is that rickets is generally regarded as a deficiency disease, and this may, I think, be taken as almost the only evidence that our children have not come well, from the nutritional standpoint, through the war years All the other evidence contradicts this point of view.

During the year there were 327 cases of crippling conditions affecting children under five years of age. The following is a list of the conditions concerned :—

Rickets	108
Flat Foot	52
Congenital defects	28
Club Foot	22
Injuries	8
Infantile Paralysis	7
Torticollis	8
Hemiplegia	8
Congenital Dislocation of Hip	2
Tuberculosis	5
Birth Palsy	5
Lordosis	2
Osteomyelitis	2
Other conditions	67
Pseudo coxalgia	1
Exostosis	2
	327

Thirty-four children received hospital treatment during the year.

Forty-eight children of school age were under treatment for tubercular conditions of the bones and joints. Of these, 10 were under treatment at the Ethel Hedley Hospital, the remainder being treated locally at the Orthopædic Clinics, in plaster at home, or otherwise.

Adult cases of tuberculosis of the bones and joints under treatment amounted to 96 during the year, 13 being new cases. The following table shows the position in detail :—

	Adults.	*School Children.*	*Children Under 5.*
Spine	48	13	2
Knee	13	11	1
Hip	19	12	—
Sacro-iliac Joint	6	—	—
Feet	—	3	—
Thigh	2	2	—
Wrist	2	—	—
Elbow	1	—	—
Shoulder	2	1	—
Ankle	1	4	1
Tibia	—	1	—
Toe	—	1	—
Finger	—	—	1
Rib	2	—	—
	96	48	5

Eighteen of the above adult cases of tuberculosis received treatment at the Shropshire Orthopaedic Hospital.

Adult non-tubercular cases under treatment numbered 75. The following is a list of the conditions under treatment :

Infantile Paralysis	9
Congenital Deformities	7
Arthritis	8
Artificial Limbs	2
Scoliosis	12
Pseudo-coxalgia	2
Sacro-iliac disease	1
Congenital Dislocation of Hip	7
Osteochondritis	2
Slipped Epiphysis	2
Injuries	3
Claw Feet	1
Flat Foot	4
Osteomyelitis	3
Hemiplegia	3
Hallux Valgus	2
Torticollis	1
Other Conditions	6
	75

The following tables, which, like the preceding ones, are supplementary to those appearing in the Annual Report on the School Medical Service, where the greater part of our orthopaedic treatment lies, show the extent of treatment provided. The figures include children under five from the Borough of Whitehaven, but not children in the same groud from the Borough of Workington, which remains a Maternity and Child Welfare Authority on its own. During the year 43 cases from Workington were dealt with in the one to five year old group.

TABLE A.

Number on After-care Register, 1/1/45	408
New cases during 1945	196
Cases re-notified after discharge previously	8
Number removed from Register	145
Cases transferred to M.I. Section	39
Number remaining on Register on 31/12/45	428
Attendances at After-care Clinics	463
Seen by Consulting Surgeon (not included in above)	10
X-ray examinations during 1945	54

TABLE B.

Number of Attendances at After-care Sister's Clinics	453
Home Visits	272
Plasters applied at Intermediate Clinics	100
Plasters applied at home	25
Appliances supplied and renewed	36
Surgical clogs and boots supplied	14

TABLE C.

Hospital Treatment.

Name of Hospital.	*In Hospital 1/1/45*	*Admitted during year*	*Discharged during year*	*In Hospital 31/12/45*
Ethel Hedley Hospital Windermere	14	20	21	13
Shropshire Orthopaedic Hospital, Oswestry	6	18	14	10

DENTAL SERVICES.

The statistics for the year are as under :—

Service.	*Cases brought forward from 1944.*	*Cases Referred in 1945.*	*Cancelled.*	*Treatment completed.*	*Cases carried forward to 1946.*
Ante-natal	39	118	51	40	66
Public Assistance	21	47	6	29	33
Tuberculosis	2	—	1	—	1
Total	62	165	58	69	100

Service.	*Fillings.*	*Extractions*	*Anaesthetics. Local.*	*General*	*Dentures*
Ante-natal	40	398	107	5	45
Public Assistance	4	226	56	—	51
Tuberculosis	1	11	4	—	—
Total	45	635	167	5	96

The above figures show that applications for dental treatment from adults is beginning to rise again, both in the Ante-Natal and Public Assistance sections. The numbers are still, of course, far below our pre-war figures, especially in regard to Public Assistance cases, and I am afraid that the rise in the number of these, small though the figures are, may to some extent be a reflection of returning unemployment.

Statistics for children under 5 are as under :—

Number treated	78
Number of cases completed	16
Number of attendances for treatment	171
Fillings	88
Extractions—(Permanent Teeth)	—
(Temporary Teeth)	32
Other Operations—Permanent Teeth	3
Temporary Teeth	29
Anaesthetics—Local	4
General	18

VENEREAL DISEASES.

I am indebted to Dr. A. C. B. Mc.Murtrie for the following report on the year's work.

"In the report for 1944 it was stated that the war epidemic of venereal diseases had probably reached its peak in 1943 and appeared to be declining. Unfortunately, this is not borne out by the figures for 1945. New and early cases of syphilis showed an increase of 14.5% over the previous year, so that the position is now practically the same as in 1943. With regard to new cases of gonorrhoea, the situation is much worse, there being a rise of 84.6% in the incidence over the 1944 figure. Gonorrhoea is therefore much more prevalent than it was in 1943.

"Doubtless the return home of many men from service overseas accounts largely for these results. They come back with money to spend and want to "celebrate" with the result that they are an easy prey for the infecting organisms. Another factor, as far as gonorrhoea is concerned, is the almost miraculous results obtained by treatment with penicillin. This was released in April, 1945, and was immediately brought into use in the clinics. News of this soon spreads, and consequently there is little doubt that a large number of patients attended, who would otherwise have undergone the old treatment with sulphonamide drugs and would never have been seen at the clinics. Thus the great increase of new cases

of gonorrhoea as shown by the figures may be misleading to some extent. Thus cannot account for it altogether, and we are faced with the conclusion that the incidence of gonorrhoea has definitely gone up.

" In the following figures, cases seen at Workington by Dr. Martin Edwards are included with those attending the treatment centres at both Carlisle and Whitehaven. The figures in brackets are the corresponding figures for 1944.

There were 79 (69) new cases of syphilis in the early stage and 192 (104) of gonorrhoea. The number of new cases found not to have venereal disease was 297 (304). New cases of congenital syphilis were 18 (16). The total attendances continued to mount in spite of the fact that, when gonorrhoea is treated with penicillin, intermediate attendance for irrigation is as a rule unnecessary. The total attendances were 7,736 (7,633). This is the highest yet recorded.

" In 1944 it was noted that the attendance of females was greater than that of males. In 1945 the position has been reversed, as the result of demobilisation no doubt, female attendances being 3,835 (3,859) and male 3,901 (3,774).

Penicillin.

" There has been a revolution in the treatment of venereal diseases since penicillin was released in April, 1945. It has not, however entirely replaced the older methods and preparations of arsenic, bismuth, mercury and the sulphonamide group of drugs still have their uses. This applies more in the treatment of syphilis than of gonorrhoea. Thus, while about 95% of early cases of gonorrhoea can be cured with penicillin alone, the relapse rate in syphilis treated without the addition of the older drugs has been found to be high ; exactly how high is not at present known.

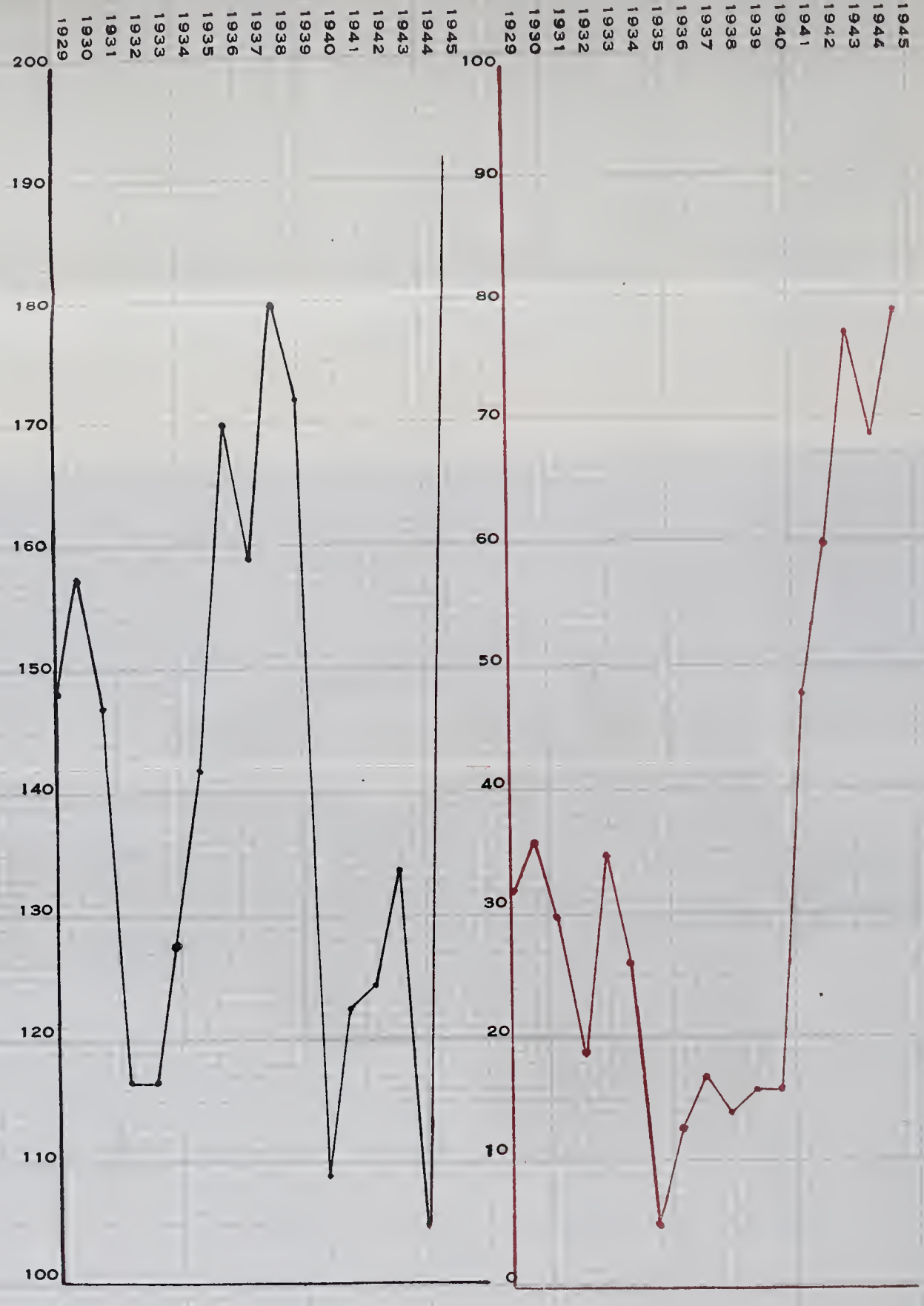
" A compromise, therefore, in the treatment of syphilis in the early stage, which is the important time for treatment, has been adopted. In addition to $2\frac{1}{2}$ to 3 million units of penicillin, a single complete course of arsenic and bismuth is being given. In this way the duration of treatment can be cut down to about 3 months instead of the customary year or more. The cessation of treatment however, depends on various circumstances, and of course, not every case can be completed in such a short time. The usual period of observation after treatment is still necessary.

V.D. NEW CASES (1929 - 1945)

Infected within the previous 12 months

CARLISLE and WHITEHAVEN

CLINICS



"In dealing with gonorrhoea, the situation is better. Treatment with a comparatively small quantity of penicillin (150,000 to 200,000 units) is sufficient, and this can be carried out in one day, or by using the latest preparation of penicillin, by a single intermuscular injection. The technique is fairly simple. A small proportion of failures occurs (about 5%) and it has been found that these usually respond to the sulphonamide drugs, or local treatment or both. Of the sulphonamide drugs, sulphathiazole continues to hold the first place.

In-patient treatment with Penicillin.

"During the eight months since penicillin became available for the treatment of early syphilis, 40 cases have been treated as in-patients. There was a choice of two methods of administration, either by injection, every three hours for 7½ days, or by continuous drip. The latter was adopted in nearly all cases, being preferred by patients and staff. Since the end of the year a new preparation of penicillin in oil and wax has been introduced, with the effect of slowing down absorption, and by using this, injections may be given at intervals of 24 hours or 12 hours involving a stay in hospital of 8 days or 5 days respectively. It is also possible to treat cases in the out-patient department if they reside within a reasonable distance of the centre and are able to attend daily.

"Of the 40 cases receiving in-patient treatment, 25 were women and 15 men. 38 were treated at the Cumberland Infirmary, and 2 at the Whitehaven and West Cumberland Hospital.

Treatment of gonorrhoea with Penicillin.

"This has been undertaken in the out-patient clinic, each case being completed in one day. Up to the end of the year it was necessary to give 5 injections of penicillin at 2-hourly intervals, patients attending by appointment. Since then, the one injection method has been adopted and treatment is given on the first day of attendance at the ordinary Medical Officer's clinics, thus saving time and trouble. The results are equally satisfactory. Unfortunately the new form of penicillin in oil and wax is short in supply and the quantity obtainable is insufficient to meet requirements.

Defaulters.

"Approximately 14.4% of all cases dealt with ceased to attend before being discharged after completion of treatment or observation. This figure compares favourably with 18.5% recorded in 1944.

Contact Tracing.

"The great majority of contacts attending for examination or treatment were brought or sent by the original patient. In such cases no action under Regulation 33 B. is required. On receipt of one notification under the Regulation the method adopted in Cumberland is home visiting by the Health Visitor for the district. In Carlisle this is done by the Lady Almoner at the Cumberland Infirmary, by arrangement with the Infirmary and the Corporation of Carlisle. In the same way defaulters in the County and City are visited at home when referred by the Medical Officer. The results have been good. These methods apply to women and children. In the case of male defaulters the usual way is for the Medical Officer to write to the practitioners who originally sent the cases, and, thanks to their kindly cooperation, good results are obtained. This method is also employed to some extent in dealing with female cases.

Regulation 33 B.

"During the year 24 persons residing in Cumberland were notified under this regulation, two of these being notified twice. Every effort was made to secure their attendance at the clinics by home visits when the name and address given were sufficient, and in the two cases notified twice, the compulsory powers applicable under the regulation were not required. No prosecutions were undertaken.

"During the year there has been a noticeable falling-off in the number of notifications received. Thus in the first quarter there were 12, in the second 4, in the third 6, and in the last only 2. This is because the majority of notifications came from the forces and not from the civilian treatment centres, and demobilisation is the explanation. It therefore seems that in the future, the regulation is likely to be of very little value.

The Treatment Centres.

1. The Cumberland Infirmary.

"The same hours and days of clinics were continued, there being 6 sessions per week, 3 for males and 3 for females. As demobilisation proceeded, the male clinics have become more crowded, and it may be necessary to open the centre for a fourth male clinic per week if this continues.

"In April, 1945, arrangements were made with the Management Committee for in-patient treatment, and one

male bed and one female bed have been made available. This was necessary for treatment with penicillin. When not in use these beds are occupied by other cases, so that there is no waste of in-patient accommodation.

2. The Whitehaven and West Cumberland Hospital.

"As in 1944 there were two sessions for male patients and one for female. Dr. K. J. Thomson continued to give valuable assistance. By arrangement with the Hospital Committee, patients may now be admitted for Penicillin treatment as required. Two cases were treated in this way.

3. Workington.

"Throughout the year Dr. Martin Edwards continued to see cases under the County Council scheme at his consulting room. There was a total attendance of 251, of these 127 being for treatment of syphilis and 110 for gonorrhoea. The total number of cases dealt with was 75."

HOUSING.

The Housing (Rural Workers) Acts, 1926 to 1938, expired on 30th September, 1945. No reconstruction of rural houses was undertaken during the nine months of the year prior to the expiration of the Acts in question, and unless and until further legislation restores to County Councils their powers under these Acts, it is difficult to foresee in what manner County Councils can usefully intervene in housing provision except in financial assistance towards the building of new houses or perhaps as a co-ordinating body or as builders of houses for members of their staffs, such as, for example, the Police.

The expiration of the Housing (Rural Workers) Acts brings to an end, at least for the time being, a notable activity of this County Council and it may be interesting to summarise what has been done.

The first application was received in 1927 but several years elapsed before any extended use was made of the legislative provisions. Applications under the Acts naturally tailed off with the outbreak of War, and 1939 was the last year in which any substantial amount of work was undertaken. During the six or seven years in which the work was proceeding normally a total of more than 1,000 houses (out of 1,290 applications submitted) was dealt with under the Acts, towards the reconstruction of which the County Council paid in grants a little over £80,000.

WATER AND SEWERAGE SCHEMES.

The Local Government Act, 1929, enabled County Councils to give financial assistance towards the cost of water and sewerage schemes being undertaken within their boundaries. The Rural Water Supplies and Sewerage Act, 1944, somewhat extended the position by providing contributions by the State towards expenses incurred by Local Authorities. This aspect of the Council's work, which at one time assumed considerable proportions, naturally, like rural housing, diminished to almost vanishing point during the war years. Vanishing point, however, was never quite reached, and during 1945 the pendulum began to swing back, and sewage and sewerage disposal schemes to the number of seventeen, and water supply schemes to the number of seven were submitted for approval.

In a previous report I pointed out that during the ten years or so in which this work was being effectively dealt with, water and sewerage schemes, towards the cost of which the County Council intimated their willingness to contribute, amounted to over half a million pounds.

WATER SUPPLIES.

Two major matters call for comment under this heading.

The first of these is the completion by Herbert Lapworth Partners of their "Survey of theWater Supplies and Resources" of the whole County, with their suggestions for the future conservation of these resources and for improvement of water supplies generally. The survey report, which was very comprehensive in its scope, outlines three main catchment areas for development, and, since the receipt of the report, the County Council have been in consultation with the other Local Authorities in the County, including the County Borough of Carlisle, as to future development policy. The County Council regard it as a matter of urgent importance to secure control of the gathering grounds in question, either by private bill or by orders under the Water Act, 1945. There can be no doubt that this step will place the County for all time in an impregnable position in respect of water supplies, whether for domestic, industrial or agricultural purposes.

The second major development is concerning the raising of the level of Ennerdale Lake by 5 ft. to provide additional water for industrial developments in the Whitehaven area. This proposal has now been approved by the Council.

INSPECTION AND SUPERVISION OF FOOD.

Foods other than Milk.

The report of the County Analyst is not included, as the report has already been circulated to the County Council.

Milk.

No date has yet been appointed on which the Food and Drugs (Milk and Dairies) Act, 1944, is to come into operation. For the present therefore, local authority services are carrying on.

The number of samples taken under the joint scheme of the County Council and the Sanitary Authorities during the year, was 2,154. This is approximately the same figure as for the previous year and is above the figure for the last pre-war year. Guinea pig inoculation tests were carried out in connection with all routine samples of ungraded milks and in connection with designated milks on the system which has been in operation in the area for many years.

Milk and Dairies (Consolidation) Act, 1915.

Of the 2,154 samples taken during the year, 1,112 were subjected to guinea pig inoculation. From these, eleven positive reports were received. Arising out of these reports, investigation demonstrated eight cows suffering from tuberculosis of the udder. The cows were slaughtered. In connection with four reports, no cow could be traced although, and probably because, several cows had been disposed of from the herds concerned while the investigation was in progress. Under Section IV. of the Act, one complaint was received during the year from Newcastle-on-Tyne. As it happens, the milk from the same farm was found to be positive for tubercle by local sampling on the same day. This was a pure coincidence, but out of the investigation, two tuberculous cows were detected and slaughtered.

Milk Sampling.

As has been noted, 2,154 samples were taken during the year. The sampling concerned graded herds, pasteurised milk and samples from school supplies, which included both graded and ungraded milk. Included in the total figure of 2,154 samples were 546 ungraded samples. The results of the sampling of ungraded milks are set out in the table which follows :—

Sanitary Area.	TABLE 1.		
RURAL.	*Satisfactory.*	*Unsatisfactory.*	*Total.*
Alston	19	8	27
Border	30	31	61
Cockermouth ..	40	48	88
Ennerdale ..	1	7	8
Millom	49	58	107
Penrith	27	35	62
Wigton	23	41	64
URBAN.			
Cockermouth ..	2	1	3
Keswick	5	2	7
Maryport ..	8	20	28
Penrith	6	22	28
BOROUGHS.			
Workington ..	9	22	31
Whitehaven ..	20	12	32
	239 ..	307 ..	546

A comparison with last year's figures will show that there has been a substantial reduction in the number of samples taken in the rural areas, the most noticeable being in the case of the Ennerdale Rural District in which the total samples taken fell from 100 in 1944 to 8 in 1945. It has to be remembered that many difficulties have intervened to affect the continuance of milk sampling in rural areas, the chief, of course, being shortage of staff, and it is really surprising, speaking generally, how well the figures have been maintained. One also must not overlook the fact that the number of holders of graded licences now rises fairly quickly from year to year and this creates additional work for the Sanitary Inspectors. The above table calls for little comment ; it represents the usual division of approximately 50% each way between satisfactory and unsatisfactory results. The only point perhaps is that this year the pendulum has swung fairly definitely to the unsatisfactory side.

The following table shows the percentage of samples positive for tubercle in the past six years. It will be noted that the percentage figure for 1945 is the lowest recorded for many years, perhaps the lowest ever recorded. This is satisfactory if it can be maintained, and is not merely a flash in the pan. The figures for the first four months of 1946 are not as good as one would wish.

TABLE II.

Year.	Number submitted to the Biological Test.	Percentage Positive for Tubercle.
1940	1209	2.1%
1941	1319	1.4%
1942	1332	1.7%
1943	1323	2.04%
1944	1273	1.6%
1945	1112	0.99%

Milk (Special Designations) Regulations, 1936-43.

Following unsatisfactory milk sampling and other records, licences in twenty cases were either revoked during the year or the producers were refused renewal for 1946, after each case had received full and careful consideration by the Milk and Dairies Committee. In addition, eighty-seven letters were issued to producers, of which nineteen required the production of two consecutive satisfactory samples as a condition of the continuation of the licence. These figures for warning letters are somewhat lower than the previous year, although the number of licences revoked or refused is double that of the year 1944. It may be mentioned here, that four of the cancelled licences have been re-issued, each producer having re-qualified by producing two consecutive satisfactory samples at his own expense.

The staff of the Cumberland and Westmorland Farm School paid sixty-nine advisory visits during the year, including a number of repeat visits.

The numbers of graded producers showed a substantial variation from 1944. Actually, the number of producers licensed to produce tuberculin tested milk rose from 171 in 1944 to 229 in 1945. On the other hand accredited producers fell from 245 in 1944 to 193 in 1945, thus continuing the fall in accredited producers noted the previous year. In connection with the qualifying of producers for graded licences, 169 samples of milk were collected by the Sanitary Inspectors for the areas concerned.

School Milk Supplies.

During the year, 466 samples were examined for cleanliness. Of these, 292 were satisfactory and 174 unsatisfactory. Of the 466 samples, guinea pig inoculation tests for tubercle were carried out in 229 cases. Only one school sample was reported positive in a group of three which were bulked together for inoculation. The school supply was however, cleared of suspicion, the infection being definitely traced to one of the two other herds involved.

Veterinary Inspection of Dairy Herds.

I am again indebted to Mr. Reid, Divisional Inspector of the Ministry of Agriculture for this area, for the following figures relative to the results of inspections of dairy herds, and also to the number of cattle which have been slaughtered under the Tuberculosis Order in the County during the year :—

No. of confirmed cases of tuberculosis .. 105

Clinical Inspection of Dairy Herds.

Class of Herd.	*No. of Herd Inspections.*	*No. of Cattle Examined.*	*Number of Cattle dealt with under the Tuberculosis Order.*
"Tuberculin Tested"	341	22,431	Nil
"Accredited"	367	10,548	16
"Ungraded"	1,455	25,030	89

Tuberculin Testing of "Tuberculin Tested" Herds.

No. of cattle tested	25,532
No. of reactors found	205

STATEMENT SHOWING THE NUMBER OF TUBERCULIN TESTED LICENCES IN OPERATION IN EACH SANITARY DISTRICT AT THE END OF THE YEAR, 1945, WITH THE RESULTS OF MILK SAMPLING, AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	*Licences in operation.*	*Samples taken.*			*Conditions other than Tuberculosis, found on Clinical Examination.*
		Number taken.	*Tuberculin Tested Standard.*	*Below Standard.*	
RURAL					
Alston	5	16	14	2	—
Border	105	200	143	57	37
Cockermouth	19	77	50	27	—
Ennerdale	13	57	46	11	—
Millom	2	10	7	3	—
Penrith	43	173	132	41	1
Wigton	33	111	65	46	3
URBAN					
Cockermouth	1	2	1	1	—
Keswick	—	—	—	—	—
Maryport	—	—	—	—	—
Penrith	6	21	18	3	—
BOROUGHS					
Whitehaven	1	13	10	3	—
Workington	—	—	—	—	—
	229	680	486	194	41

STATEMENT SHOWING THE NUMBER OF ACCREDITED LICENCES IN OPERATION AT THE END OF 1945, IN EACH SANITARY DISTRICT WITH THE RESULTS OF MILK SAMPLING AND CLINICAL EXAMINATIONS OF THE HERDS.

Sanitary District.	*Licences in Operation*	*Samples taken.*				*Cases of Tuberculosis Detected on Veterinary Examination or Reported.*			OTHER CONDITIONS
		Number taken.	*Accredited Standard.*	*Below Standard*	*Tuberculous*	*T.B. Udder.*	*Emaciation.*	*Chronic Cough, &c.*	*Atrophy, Mastitis Induration Non-T.B., etc.*
RURAL.									
Alston	Nil	—	—	—	—	—	—	—	—
Border	48	93	52	41	—	—	1	4	43
Cockermouth	20	123	75	48	—	—	—	—	5
Ennerdale	25	90	64	26	—	—	—	—	12
Millom	14	58	38	20	—	—	—	2	9
Penrith	14	80	64	16	—	1	—	1	13
Wigton	45	188	109	79	—	1	—	2	44
URBAN.									
Cockermouth	1	2	1	1	—	—	—	—	1
Keswick	1	4	4	—	—	—	—	—	—
Maryport	4	16	12	4	1	1	1	—	—
Penrith	—	—	—	—	—	—	—	—	—
BOROUGHS									
Whitehaven	15	71	51	20	—	—	—	2	8
Workington	6	11	8	3	—	—	—	—	13
	193	736	478	258	1	3	2	11	148

Chemical and Bacteriological Examination of Food.

The Chemical analysis of milk, other foods and water, required by the County Council, is undertaken by the County Analyst at his Laboratory at Darlington. The bacteriological examination of milk and water is undertaken at the Pathological Department of the Cumberland Infirmary, Carlisle. Occasionally, also, bacteriological examinations of samples of other foods are undertaken for the County Council at the Cumberland Infirmary Pathological Department.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

During the year no major epidemic occurred unless one can call 3,000 cases of measles an epidemic. There was again some increase in the number of cases of scarlet fever at 369. This is the highest figure for scarlet fever for many years. There were however no deaths, and in the years 1939 to 1945 inclusive—during which some 1,900 cases of scarlet fever were notified—there have only been two deaths. The fact is that this disease has of recent years assumed so mild a character that it has become relatively unimportant. I do not know what proportion of the notified cases are admitted to isolation hospitals, but there are undoubtedly other infective conditions of child-hood, which on account of their complications, merit hospital treatment much more than scarlet fever of the present type. I am thinking of the complications of measles, and whooping cough, and also of infantile diarrhoea, which latter disease *has been responsible for the deaths of* 110 *children* during the years 1939 to 1945 inclusive.

This does not compare very favourably with scarlet fever which only caused 2 deaths in the same period. The fact is that scarlet fever has a historical aura of importance which today it does not deserve, whereas infantile diarrhoea has never, in my view, been placed in its proper perspective as a cause of child mortality.

One interesting feature in the year's statistics for infectious diseases is that for the first time—so far as I am aware—no cases of enteric fever occurred in the County. One or two cases of smallpox contacts have had to be kept under observation.

With regard to immunisation against diphtheria, the number of children under five years of age immunised during the year was 2,747, in addition to 970 school children immunised, bringing the total of children of all ages immunised in the County since the start of the campaign to 39,717.

The percentage of immunised children in the County as estimated in the returns of the District Medical Officers of Health, is as follows :—

Children of school age 85%.
Children under school age 53%.

The figures of the commoner diseases are set out below and for comparison the figures of the previous years are also given :—

Scarlet Fever.

In 1940	there	were	142	cases	with	0 deaths
In 1941	,,	,,	153	,,	,,	0 deaths
In 1942	,,	,,	257	,,	,,	0 deaths
In 1943	,,	,,	291	,,	,,	0 deaths
In 1944	,,	,,	324	,,	,,	1 death
In 1945	,,	,,	369	,,	,,	0 death

Diphtheria.

In 1940	there	were	63	cases	with	5 deaths
In 1941	,,	,,	59	,,	,,	5 deaths
In 1942	,,	,,	79	,,	,,	6 deaths
In 1943	,,	,,	77	,,	,,	7 deaths
In 1944	,,	,,	195	,,	,,	11 deaths
In 1945	,,	,,	69	,,	,,	2 deaths

Enteric Fever.

In 1940	there	were	12	cases	with	1 death
In 1941	,,	,,	14	,,	,,	1 death
In 1942	,,	,,	6	,,	,,	0 deaths
In 1943	,,	,,	5	,,	,,	1 death
In 1944	,,	,,	2	,,	,,	2 deaths
In 1945	,,	,,	Nil	,,		

Measles.

In 1940	there	were	13	deaths
In 1941	,,	,,	0	deaths
In 1942	,,	,,	2	deaths
In 1943	,,	,,	6	deaths
In 1944	,,	,,	1	death
In 1945	,,	,,	2	deaths

Whooping Cough.

In 1940	there	were	16	deaths
In 1941	,,	,,	11	deaths
In 1942	,,	,,	6	deaths
In 1943	,,	,,	5	deaths
In 1944	,,	,,	8	deaths
In 1945	,,	,,	5	deaths

Cerebro-Spinal Fever.

During the year the following notifications were received :—

Workington Borough	1
Border Rural District	2
Ennerdale Rural District	4
Whitehaven Borough	1
Wigton Rural	3
	11

Five deaths took place in the following districts :—

Whitehaven Borough	1
Ennerdale Rural District..	1
Workington Borough	1
Border Rural District	1
Wigton Rural District	1

Non-Notifiable Disease.

Diarrhoea.

In 1940 there were	10	deaths in children under 2 years				
In 1941	,,	,,	15	,,	,,	,,	,,
In 1942	,,	,,	23	,,	,,	,,	,,
In 1943	,,	,,	29	,,	,,	,,	,,
In 1944	,,	,,	11	,,	,,	,,	,,
In 1945	,,	,,	16	,,	,,	,,	,,

The following table shows the notifications of the commoner infectious diseases by districts. The table is exclusive of notifications of puerperal pyrexia and of ophthalmia neonatorum which are dealt with elsewhere, and is also exclusive of cerebro-spinal fever, dealt with above.

NOTIFICATIONS OF CASES OF INFECTIOUS DISEASES IN THE COUNTY OF CUMBERLAND DURING THE YEAR 1945

DISTRICT	*Scarlet Fever*	*Diphtheria*	*Pneumonia*	*Polio-myelitis*	*Ery-sipelas*	*Measles*	*Whooping Cough*	*Enteric Fever*
URBAN DISTRICTS.								
Workington	60	6	9	—	21	322	30	—
Whitehaven	4	2	10	1	10	394	2	—
Cockermouth	27	—	—	—	—	1	—	—
Keswick	14	—	—	—	1	54	2	—
Maryport	61	11	—	—	—	89	1	—
Penrith	19	2	4	—	9	246	8	—
RURAL DISTRICTS.								
Alston	3	—	10	—	—	2	12	—
Border	55	14	25	—	4	290	36	—
Cockermouth	69	9	1	—	—	149	20	—
Ennerdale	18	8	43	—	19	476	1	—
Millom	3	2	19	—	5	121	3	—
Penrith	17	—	6	1	5	231	34	—
Wigton	19	15	13	—	14	562	50	—
TOTALS	369	69	140	2	88	2937	199	—
1944	324	195	236	1	87	782	479	2
1943	291	77	208	5	81	2331	485	5
1942	257	79	208	—	80	2090	184	6

VACCINATION.

The usual appendix on vaccination is again omitted, but the following summary of the position gives the essential details :—

Registered Births	4420	
Certificates of Successful Vaccination	2218	(50.18%)
Statutory Declarations	1704	(38.55%)
Cases otherwise accounted for (that is infants who died unvaccinated, postponements, removed from the district, cases lost sight of) ..	345	(7.81%)
Cases unaccounted for	153	(3.46%)

These figures for the County as a whole show very little change from the previous year.

During the year Dr. R. Todd, Public Vaccinator for Millom, resigned his appointment on retirement, and his place was taken by Dr. W. Mc.Clintock Ross.

PREVENTION OF BLINDNESS.

During the year 24 cases were examined by Ophthalmic Surgeons under the Prevention of Blindness scheme. In 16 cases glasses were provided, 2 cases received operative treatment and one is awaiting operative treatment.

With regard to ophthalmia neonatorum, 9 cases were notified. It was not necessary to admit any case to hospital for treatment as modern lines of treatment can be efficiently carried out at home. It so happened, however, that one case developed in hospital where the mother was confined. Vision was unimpaired in each case.

CANCER.

During the year, actually on November 1st, the North East of England Cancer Scheme came into operation, after agreement among the Local Authorities and Voluntary Hospitals concerned in the preliminary conference and after approval by the Ministry of Health.

The total number of deaths from cancer during 1945 amounted to 313, approximately the same as last year (309) but much lower than the figure for 1942, which was 357.

The age and sex distribution of deaths and the aggregates of the Urban and Rural Districts are set out in the tables which follow. The chief point of interest in these tables is that, compared with the previous year, there is a rise in

the deaths of females in Urban Districts from 47 to 77, and an almost equal reduction of male deaths in Rural Districts from 105 to 84. I do not know that these changes have any significance. By age groups, the rise in the female deaths was almost exclusively in the age group of 65 years and over.

During the year 25 new cases were referred to this department in the first instance. This is a figure which is steadily falling because in practice cases for the whole area are now being referred direct to the Cumberland Infirmary from where they are in turn referred to us as the appropriate Local Authority. This refers, of course, to cases requiring deep X-ray therapy or other treatment not obtainable at the Cumberland Infirmary, and in respect of whom the County Council accept financial responsibility.

Of the 114 cases brought to our notice by the Cumberland Infirmary or directly, 75 received in-patient treatment as under :—

Shotley Bridge E.M.S. Hospital	54
Radium Institute, Manchester	5
City General Hospital, Newcastle	12
Royal Victoria Infirmary, Newcastle	2
City General Hospital, Carlisle	2
	75

Sixteen old cases were re-admitted for further treatment to the Christie Hospital, Manchester, Shotley Bridge, and the Royal Victoria Infirmary, Newcastle.

After-care attendances, excluding the Cumberland Infirmary, were as follows :—

North Lonsdale Hospital, Barrow-in-Furness ..	97
The Kendal Hospital	3
	100

These attendances are, of course, only a fraction of the after-care work which is undertaken. Most of the after-care work naturally gravitates to the Cumberland Infirmary on account of the routine visits of the Radio-therapist, and also because in the majority of cases this is the Institution in which diagnosis and early treatment is undertaken.

The Work of the Cumberland Infirmary.

I am indebted to Miss Carlyle, the Records Clerk at the Cumberland Infirmary, for the following information as to patients and attendances.

During 1945 the number of new out-patients from the area of the Administrative County was 134. This is a slightly smaller figure than for 1944. Of these 134 new out-patients 128 were admitted as in-patients.

The comparative figures for the two years 1944 and 1945 are striking and interesting. It may be useful to set these out in a small table.

	Out-patients.	*Admitted.*
1944	147 ..	89
1945	134 ..	128

These figures can only have one interpretation and that is that cancer patients *are being sent for investigation and treatment now at a much earlier stage,* and that the number of those who have to be sent home as too advanced for treatment is falling. This is highly satisfactory.

The total number of out-patient attendances from the area of the Administrative County, including first attendances, was 1,027. This is a considerable rise on the figure for 1944.

It may be interesting to point out that cases from Carlisle County Borough, and districts outside Cumberland, accounted for 97 admissions and approximately 750 out-patient attendances.

These are substantial figures and indicate the volume of work undertaken at our base hospital.

It is clear that at an early date it will be necessary to establish at the Cumberland Infirmary a sub-bureau to deal with the records and documents relative to the cancer patients treated at the hospital.

We are fortunate in continuing to have almost weekly visits at the Cumberland Infirmary by the Director of the North of England Cancer Organisation (Mr. Thurgar) who has during the year seen in consultation 569 cancer patients from the County area, 357 from Carlisle, and 72 from other areas. In addition to these, Mr. Thurgar visits a considerable number of patients in their own homes who are unable for one reason or another to attend at the Cumberland Infirmary, and the department of the Lady Almoner plays a very important part in the following up of cases by correspondence relative to their after-care.

Pre-cancerous cases have not been included in these statistics.

The areas of the Administrative County from which patients suffering from cancer received treatment, in-patient or out-patient, at the Cumberland Infirmary, are shown in the following table :—

Urban Districts.

Cockermouth	5
Keswick	7
Maryport	35
Penrith	31
Whitehaven	19
Workington	64

Rural Districts.

Alston	7
Border	68
Cockermouth	27
Ennerdale	23
Millom	4
Penrith	23
Wigton	77

CANCER DEATHS DURING 1945—BY SANITARY DISTRICTS.

	Males	*Females*	*Total*
URBAN DISTRICTS.			
Cockermouth	7	4	11
Keswick	4	5	9
Maryport	2	11	13
Penrith	11	6	17
Whitehaven	14	22	36
Workington	23	29	52
Aggregate of Urban Districts	61	77	138
RURAL DISTRICTS.			
Alston	2	1	3
Border	24	20	44
Cockermouth	5	18	23
Ennerdale	20	16	36
Millom	10	12	22
Penrith	4	7	11
Wigton	19	17	36
Aggregate of Rural Districts	84	91	175
Whole County	145	168	313

Cancer Deaths during 1945—By Age Groups.

	15-45		45-65		65 +		All Ages Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
Urban Districts ..	4	3	25	29	32	45	61	77
Rural Districts ..	7	5	27	37	50	49	84	91
Whole County	11	8	52	66	82	94	145	168
	19		118		176		313	

TUBERCULOSIS.

Before proceeding to set out the facts and figures arising out of the year's work may I again draw your attention to Appendix B. of this report, wherein certain matters of policy effecting tuberculosis are discussed.

I have this year included, as you will see, certain maps and graphs showing the incidence and distribution of pulmonary tuberculosis in the County, over a long period of years. The maps are shaded to illustrate the distribution of the death-rates. These maps are for two ten-year periods, but are not a strict comparison because between the two periods the County districts have been redistributed. Nevertheless the interpretation of the maps is clear.

The 1923/32 map shows that the areas with the highest incidence by death-rates were the then Millom, Egremont, Cleator Moor, and Frizington Urban Districts, and the Borough of Whitehaven, and that other areas showing a high incidence were the Borough of Workington, the Urban Districts of Maryport, Cockermouth, and Wigton, and the Rural District of Alston.

Comparing the 1923/32 map with the 1935/44 map it is clear that the situation in the County as a whole has substantially improved, including Whitehaven Borough, one of the black spots in the earlier map. The position in Maryport and Workington remains more or less unchanged, and Millom Rural District shows the influence of the former Millom Urban District on the statistical position of the new combined area.

Nevertheless attention in analysing these maps should primarily be concentrated on Ennerdale Rural District. In the earlier map there were here three black spots. The influence of these black spots, and of course particularly of Cleator Moor, has been sufficient to make the whole of this comparatively large area a black spot in the later map. This and what I have said elsewhere brings our tuberculosis problem in Cumberland into comparatively narrow limits. When we have solved the problem in the Ennerdale Rural District we will, I think, have solved the most persistent part of the problem, although this year Whitehaven has jumped to the head of the list with a death-rate of 1.25, and Maryport with a death-rate of .91 is also higher than Ennerdale Rural District, and is another area which gives cause for anxiety.

STATISTICS.

The number of cases of pulmonary tuberculosis notified as primary notifications was 182, approximately the same as for the previous year. Non-pulmonary notifications at 71 show a slight increase. In addition 36 cases came to notice in other ways. Of these, 30 were pulmonary, and 6 were non-pulmonary. "Other ways" means cases in connection with which information has been obtained from death certificates, and by transfers from other areas.

Table A.—Notifications.

	Pulmonary.	Non-Pulmonary.
1940..	163	60
1941..	199	81
1942..	178	78
1943..	164	70
1944..	178	61
1945..	182	71

The total deaths from tuberculosis are shown in the following table :—

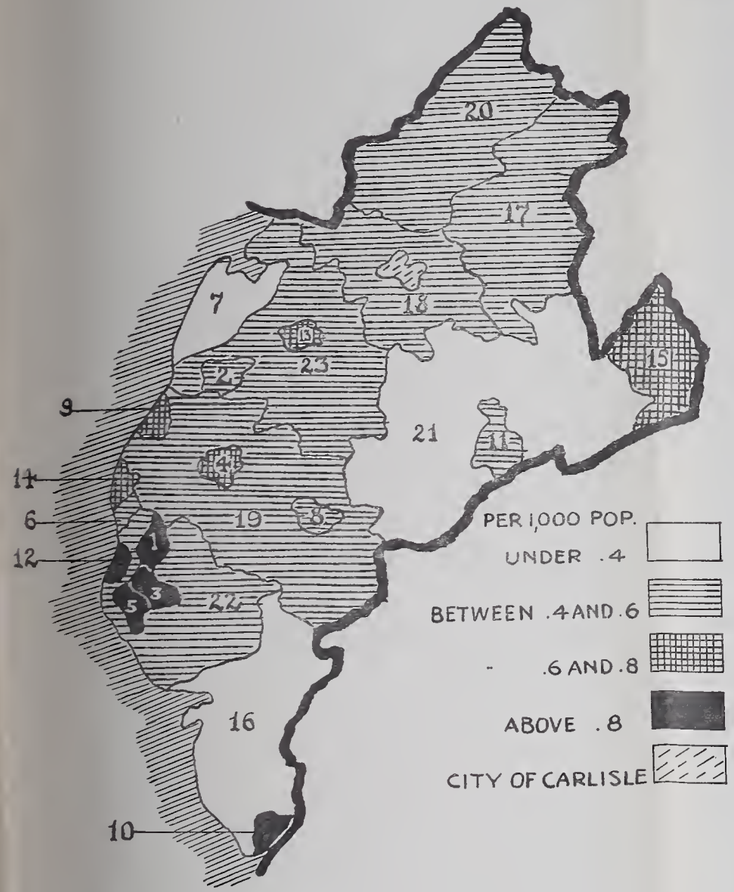
Table B.—Deaths.

	Pulmonary.	Non-Pulmonary.
1940..	122	31
1941..	116	41
1942..	117	49
1943..	93	33
1944..	95	23
1945...	122	26

The death-rate on the Registrar General's figures for the Administrative County in respect of pulmonary tuberculosis for 1945 is .63 per thousand of the population, and in respect of non-pulmonary tuberculosis .13 per thousand of the popula-

PULMONARY TUBERCULOSIS DEATH RATES, Per 1000 POPULATION.

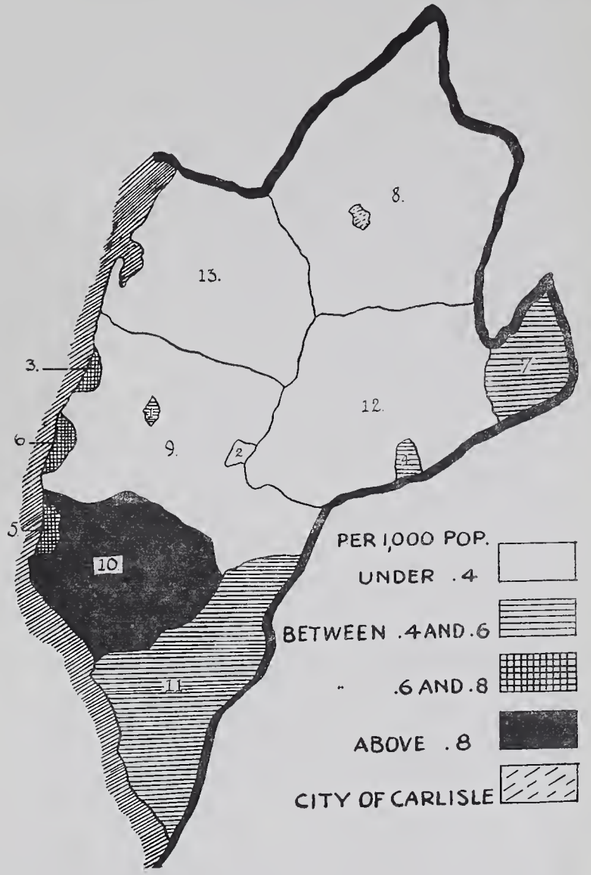
Average over 10 year period 1923-1932.



District.	Average Rate.
URBAN.	
1. Arlecdon and Frizington	1.36
2. Aspatria	.55
3. Cleator Moor	.96
4. Cockermouth	.77
5. Egremont	.81
6. Harrington	.60
7. Holme Cultram	.34
8. Keswick	.48
9. Maryport	.64
10. Millom	.97
11. Penrith	.59
12. Whitehaven	.94
13. Wigton	.63
14. Workington	.74
RURAL.	
15. Alston	.73
16. Bootle	.35
17. Brampton	.44
18. Carlisle	.57
19. Cockermouth	.42
20. Longtown	.51
21. Penrith	.37
22. Whitehaven	.51
23. Wigton	.46

PULMONARY TUBERCULOSIS DEATH RATES, Per 1000 POPULATION.

Average over 10 year period, 1935-1944.



District.	Average Rate.
URBAN.	
1. Cockermouth	.47
2. Keswick	.29
3. Maryport	.77
4. Penrith	.43
5. Whitehaven	.78
6. Workington	.71
RURAL.	
7. Alston	.43
8. Border	.33
9. Cockermouth	.35
10. Ennerdale	.95
11. Millom	.54
12. Penrith	.38
13. Wigton	.33

tion. These figures compare with .48 per thousand, and .11 per thousand, respectively, for 1944. These figures call for little comment. Notifications are more or less average, but the deaths from pulmonary tuberculosis are somewhat up, the whole of the rise occurring in the Urban districts, in which deaths have risen from 35 in 1944 to 67 in 1945. Whitehaven Borough accounts for most of the rise. The figures here are 1944 (9), 1945 (27).

The question of non-notification prior to death or notification immediately preceding death is one in which the Health Committee have throughout maintained a lively interest. During 1944 the position materially improved, and during 1945 the position again substantially improved in that only 19 of the 148 recorded deaths were not notified prior to death. Of these 19 cases, 3 were cases of tubercular meningitis in which, owing to the rapidity of the disease, notification after death is almost inevitably the rule rather than the exception. This admittedly leaves 16 to be accounted for, but this number is, I think, much the lowest figure for this group ever recorded.

Deaths from pulmonary tuberculosis were distributed among the Sanitary Districts as under :—

Urban Districts.	*Deaths*	*Death Rate.*
Cockermouth	4	.84
Keswick	3	.67
Maryport	10	.91
Penrith	3	.32
Whitehaven	27	1.25
Workington	20	.76
Aggregate of Urban Districts	67	.88
Rural Districts.	*Deaths*	*Death Rate.*
Alston	—	—
Border	12	.45
Cockermouth	5	.28
Ennerdale	23	.89
Millom	6	.51
Penrith	2	.18
Wigton	7	.32
Aggregate of Rural Districts	55	.47
Total for the Administrative County	122	.63

Our approximate bed accommodation for *pulmonary* cases occupied at the different institutions during the year was as under :—

	Beds.
At Blencathra Sanatorium	55
At Meathop Sanatorium	23
At Stannington Sanatorium	10

This accommodation remains inadequate, but not markedly so. The waiting list for admission at one part of the year reached 40, involving a time lag for admission of say 3 months, but that was exceptional, and generally speaking it has been possible to admit cases within 6 weeks of receiving the recommendation for sanatorium treatment. Compared with many other areas I believe that this may be regarded as not unsatisfactory.

The position with regard to children's beds has been far from satisfactory. Stannington Sanatorium in Northumberland, to which we send our children, has not yet recovered from the shock of the wartime upheaval, and also suffers, like many other places, from shortage of nursing staff. While it is possible to get a child with a positive sputum into the sanatorium without delay through the kindness of the Sanatorium Authorities, nevertheless a good many cases calling for observation, and early diagnosis or treatment, have had to wait many months, and in one or two cases over a year, for admission. I very much hope that at a not too distant date the position will become much easier.

As I have to point out year by year with monotonous regularity, we are still without any provision whatever for the reception of advanced cases, which is of course the key, at least in my view, to the whole matter.

The Year's Work.

The total number of cases admitted to Institutions for diagnosis or treatment was as follows :—

	Males.	*Females.*	*Total.*
Adults in Meathop and Blencathra ..	69 ..	64 ..	133
Children in Stannington	5 ..	5 ..	10
Other Institutions	7 ..	10 ..	17

Tuberculosis of bones and joints.

Ethel Hedley Hospital and Shropshire Orthopaedic Hospital	18 ..	6 ..	24

The admission of the pulmonary tuberculosis cases at 160 are approximately the same as for the previous year. The admission figures for the past few years are given for comparison in the table below.

1941	156
1942	155
1943	171
1944	166
1945	160

The main statistics for the year are as under :—

New cases examined at Dispensaries	168
Number of contacts examined	820
Number of pulmonary cases on the Dispensary Registers at the end of the year	761
Consultations with Practitioners	242
Visits to homes of patients by Tuberculosis Officers ..	593
Visits to homes of patients by Tuberculosis Nurses ..	2173
Sputum Examinations	395
X-ray Examinations	440
Attendances at Dispensaries	2733
Shelters in use	18
Cases receiving extra nourishment (Apart from Public Assistance Committee Grants)	33

These figures call for no comment. They are substantially the same as for the previous year.

We continue to have referred to us for investigation a certain number of cases of suspected tuberculosis from the National Service Medical Boards. We are dealing, also, with increasing numbers of persons discharged from H.M. Forces on account of pulmonary tuberculosis. We are also frequently undertaking the examination of persons for the Ministry of Pensions, and now for the Ministry of Labour in connection with the Register of Disabled Persons.

Memo. 266/T.

The payment of allowances under this Memorandum began early in August, 1943. There is effective liaison between this Department and the Departments of the Director of Social Welfare and of the County Treasurer, and the system of payment of the appropriate allowances worked smoothly and without delay. Payment of allowances is made fortnightly, one week in arrear and one week in advance.

The following is a summary of the position from April 1st, 1945, to March 31st, 1946 :—

New applications received during the year ..	35
Total cases receiving allowances during the year ..	75
Payments to patient :—	
(a) domiciliary	£2,270
(b) in-patients (pocket money)	£15

Public Health Act, 1936, Section 172.

No action was taken under this section.

APPENDIX "A."

NOTES ON THE NATIONAL HEALTH SERVICE PROPOSALS.

These notes have of necessity had to be prepared while the National Health Service Bill was still at the committee stage. The Bill in its final form may emerge somewhat altered, although I think this will not affect the underlying principles. It is, too, to be remembered that when a Bill of this magnitude is introduced into the House, and even when it becomes an Act, many questions must of necessity remain somewhat obscure until these are cleared up by the issue of appropriate regulations. The picture at the moment is therefore incomplete, and even a trained legal mind would at this stage find some difficulty in defining very clearly certain details of the proposals.

With this qualification I have tried to do my best to set out the proposals as affecting the County Council, and I have attached certain suggestions as to how we may begin to approach our new responsibilities.

Administrative Framework.

The framework of the proposals is as follows :—

(1) Centrally advising the Minister will be a Health Services Council.

(2) A Medical Practices Committee is to be appointed to have the final decision on the allocation of medical practitioners to different areas. This body also is to be central.

(3) The whole country will be divided into a number of Hospital Regions, not yet defined, and the executive power in each of these regions will be in the hands of the Regional Hospital Board, which will administer the hospital and specialist services in the region. Sub-Regions may be set up in certain special areas.

(4) Acting under the direction of the Minister and of the Regional Hospital Board, hospital management committees will be appointed throughout the Country to deal with the affairs of individual hospitals or groups of hospitals.

(5) Within the area of each county or county borough there will be established an Executive Council to deal with general practice, pharmaceutical, dental, and certain other services. An Executive Council may act for more than one authority.

(6) Within the area of any Executive Council there may be established Technical Committees representing the medical practitioners, dentists, and pharmacists in the area, and the Executive Councils are required to consult with such Technical Committees as have been recognised by the Minister.

The above bare statement of the administrative framework requires some elaboration.

The Minister, as from the appointed day, takes over all voluntary and municipal hospitals and all specialist services. " Hospitals " in this connection include all clinics and out-patients' departments conducted on the premises of the hospitals, and conducted elsewhere if having a definite liaison with the hospitals.

" Hospitals " in this connection include sanatoria and tuberculosis dispensaries, venereal disease clinics, and I imagine orthopaedic clinics. The medical officers conducting these clinics will be, in this respect, employees of the Regional Boards.

" Hospitals " also include all mental hospitals and all institutions for the care of mental defectives.

It will be at once seen that these proposals if they become law will effect a revolutionary change in the Health Services of County Councils. In this County for a great many years our hospital links have been fluid and of our own making, and have been widespread. The fact is that we have chosen for the treatment of our patients hospital contacts of the type we have considered the best obtainable, for the diagnosis or treatment of the particular condition involved. That apparently will now pass, and we will in future effect our hospital contacts both for the services mentioned, such as tuberculosis, venereal disease, and orthopaedics, but also for the services which we still retain—the chief of which are the treatment of school children and the treatment of children under 5 years of age—through liaison with the Regional Hospital Board under the jurisdiction of which we are placed.

I am not quite clear as to what will be the future position of certain members of the Council's Health Service staff under this new orientation. Apparently such persons as the Consultant in Obstetrics, the Venereal Disease Officer, Orthopaedic Nurses, and so on, will pass wholly or partly, to the Regional Board. On the other hand in such matters as tuberculosis, the position has, I think, to be faced that there is not in the Country at the moment, trained and available, sufficient medical staff to undertake the tuberculosis service, without calling on Local Health Authorities for the part-time

assistance of some of their officers. Nor I suppose is it intended that the Regional Hospital Boards will be able at any early date, to establish a mass of new tuberculosis dispensaries and other clinics.

It therefore appears as if for some years ahead our Medical Officers dealing with tuberculosis, will continue to do so as part-time officers of the Regional Board, and I imagine also that for years ahead our tuberculosis dispensaries, or some of them, will be utilised by the Regional Board for its tuberculosis services.

It is clear that success or failure will depend upon the degree of liaison between local domiciliary health services and the Regional Boards, and that obviously applies not only to those services wholly taken over by the Board—for the reasons given above—but also to those domiciliary services which remain with the Local Health Authority.

" Hospitals " also include hospitals for the treatment of infectious disease. These pass to the Regional Boards. What I frankly am not clear about is, with what body will lie local responsibility for such aspects of dealing with infectious disease as now rest with Local Sanitary Authorities—for example the diagnosis of infectious disease, disinfection, prevention of spread, investigations as to the cause of outbreaks, and so on. I cannot find that the proposals make any clear statement on this point.

Under the new proposals it becomes the duty of the Medical Officer of Health of the Local Authority, who receives a notice or certificate regarding a case of infectious disease, to forward a copy of the same to the Local Health Authority—that is of course to the County Council. Local Health Authorities are to be responsible for refunding to the Local Authority any fees paid for such notifications. Whether this means that the Local Health Authority has to take an active part in the measures indicated above for the control of infectious disease, I am not clear.

The question of the employment of specialists is also a matter of some difficulty. There will remain with the County Councils a large amount of work in connection with which the employment of specialists will be necessary, as for example, the services of a consultant in obstetrics during the ante-natal period, the treatment of eye-defects in children, and so on. Very many cases will arise in which the services of a specialist will be necessary, but in which the patient will not at any time require hospital treatment. That may apply to many other sections than those indicated. For example, a large number of crippling defects in children and indeed in adults can be

dealt with without hospitalisation. The majority of cases of venereal disease are dealt with as out-patients, and it is difficult at this time to appreciate just where the demarkation line is going to be drawn.

Local Health Services.

Under the proposals, County Councils and County Borough Councils are to be designated "Local Health Authorities."

Local Health Authorities have certain definite duties—some of them new—under the new proposals, and in respect of these are required to submit their schemes for the carrying out of these duties, within a time limit to be determined by the Minister. Copies of these schemes have to be submitted by Local Health Authorities to any voluntary organisation concerned, for example, the Cumberland Nursing Association, and to the Local Executive Council, as well as to the Regional Hospital Board; any of these bodies may submit proposals to the Minister for the modification of the schemes of the Local Health Authorities.

The chief duties of Local Health Authorities will be as follows:—

(a) To provide, equip, and maintain, health centres, and to provide staff—other than medical and dental practitioners carrying out general medical or dental services.

There is as yet no indication as to the population for which health centres are to be provided—I think at one time it was suggested that health centres were to be provided for populations of 10,000 or over—nor so far has it been decided what form health centres are to take, nor what services will be provided at these centres. No doubt these will vary in different areas, and may at first be experimental in type.

Local Health Authorities will apparently be required to provide nursing, clerical, domestic, and caretaking staff for the health centres in their areas, and I imagine that they will, or may, with the approval of the Minister, utilise these health centres for the purpose of School, and Maternity and Child Welfare clinics.

(b) The care of expectant and nursing mothers, and of children under the age of 5, remains with Local Health Authorities.

(c) Local Health Authorities remain the Supervising Authorities under the Midwives' Acts, and it is their duty to ensure the provision of an adequate number of midwives and maternity nurses in their respective areas, either directly or through the agency of voluntary organisations.

(d) Local Health Authorities are required to maintain a staff of Health Visitors as at present, either directly or through voluntary organisations. These Health Visitors will give advice "as to the care of young children, persons suffering from illness, expectant and nursing mothers, and as to the measures necessary to prevent the spread of infection." It will be noted that two of these duties are new and very wide in their application, namely, the advising of persons suffering from illness, and the advising of measures necessary to prevent the spread of infection. Nothing could be very much wider than these two duties. The former has hitherto been dealt with by the general practioner and the district nurse. The latter, in the main, has been dealt with by District Medical Officers of Health, and the Sanitary Inspectors.

(e) It is the duty of every Local Health Authority to make provision, either directly or through voluntary organisations, for the employment of nurses "for securing assistance for persons who require nursing in their own homes." This again is a new conception and very wide in its application. It goes far beyond the scope of existing Nursing Associations, which merely deal with their own subscribers. It now places upon Local Health Authorities the duty of providing nursing assistance for any sick persons in their own homes throughout the entire area.

(f) Local Health Authorities are required to make arrangements with medical practitioners for vaccination and immunisation against diphtheria. At present, as you know, the County Councils undertake both of these duties—the former through the appointment of public vaccinators, and the latter through their own medical staffs, acting in the School Medical or Child Welfare services. Whether this means that these matters will now pass into the hands of general practitioners I do not know, but the White Paper on the Bill seems to indicate clearly that this is the intention.

Incidentally it is worth noting that vaccination ceases to be compulsory.

(g) Local Health Authorities are required to maintain "ambulances and other means of transport," for the conveyance of the sick, mental defectives, or expectant or nursing mothers, from their homes or from other places, to and from hospitals, institutions, sanatoria, clinics, and the like—in or outside the area. This duty may be carried out directly or through voluntary organisations or other persons.

At present the County Council does not own any ambulances, other than Civil Defence converted ambulances, and the ambulance services are at present provided in the Administrative County by Local Sanitary Authorities, Voluntary Ambulance Committees, Joint Hospital Boards, and in one or two instances by private owners. It may I think be necessary to interpret these duties as including transport for the conveyance of the dead in cases in which post-mortem examination is required—a service which at present presents great difficulties.

(h) Local Health Authorities may, and if directed by the Minister shall, make arrangements "for the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." It is stated in the White Paper that this may include such things as "the provision of special foods, blankets, extra comforts, and special accommodation for invalids and convalescence, and the making of grants to voluntary organisations doing work of this kind," What else may be involved in this clause of the Bill I frankly do not know, but obviously a great deal more might be involved.

(i.) Local Health Authorities *may* make arrangements for providing domestic help for households in which such help is required, owing to the presence of persons who are sick, pregnant, aged, mentally defective, or of children under 5 years.

(j) Under the proposals all Mental Hospitals and all Institutions for the care of mental defectives—other than Special Schools for high grade mental defectives, established before the appointed day—pass to the Regional Boards.

Certain important changes appear to be contemplated in respect of mental patients. In the first place it becomes unlawful " to detain persons of unsound mind and mental defectives in workhouses." " It becomes the duty of Duly Authorised Officers " of the Local Health Authority to take the steps for dealing with persons of unsound mind, and their removal to mental hospitals, and so on, presently taken by relieving officers. In other words the relieving officer as such ceases to exist in this connection, and his place is taken by a " Duly Authorised Officer " of the Local Health Authority. I am not clear whether this means that the duty of dealing with persons of unsound mind, outside mental hospitals and institutions, is intended to pass to health departments. One must not forget in this connection that a Local Health Authority means the County Council, and I imagine that a " Duly Authorised Officer " may be any employee of the County Council, employed in any appropriate department.

Steps to be Taken.

As I see, it certain steps will require to be taken at an early date, because the time is short, if the appointed day for Part 3 of the Bill—with which we are mainly concerned as a Local Health Authority—is to be fixed for the early months of 1948. These steps appear to me to be as under :—

(1) It will, I think, be necessary for the Health Committee to appoint a Sub-Committee to make explorations of the local position, as this affects our new duties, and to prepare schemes. Such a Committee would I imagine have to meet at fairly frequent intervals, as regulations arising out of the new proposals emerge.

(2) It is not a Statutory duty, but in my view it is a very clear moral obligation on the Council, to consider the future of our Health Services in relation to the isolation of the district from any large centre.

The present proposal, I undertand, is that our Health Services in this area are to be under the control of a Regional Hospital Board sitting in Newcastle. Newcastle is approximately 100 miles from the chief centres of population in Cumberland—

other than Carlisle—and I can foresee the utmost difficulty in the matter of our hospital development, and in effecting a working liaison between the domiciliary and hospital services, with a Board situated at so great a distance, and on which this area would presumably have only very limited representation. I conceive it to be our first and clearest duty to our local community to prepare a case for the establishment of this area as a Hospital Region, and to press this claim on the Ministry. I believe the Ministry realise our difficulties and will not be unsympathetic.

The Region I visualise would be the present catchment area of the Cumberland Infirmary, that is to say, the Administrative County of Cumberland, Carlisle, Westmorland—north of Shap—and some part of the county of Dumfriesshire. In fact I would go further and suggest for consideration by all the parties concerned, the establishment of a Border Hospital Region, with considerably wider boundaries than those indicated. The population involved is relatively small, and, depending on the boundaries, might vary between 255,000 and 435,000, but I believe I am right in saying that the Hospital Survey in Scotland has suggested the establishment of the County of Inverness and the Isles as a Hospital Region. This area has a very much smaller population, and I imagine the proposal is made on the basis of isolation. We too, although not by any means so isolated, have a clear claim for consideration from this angle.

(3) We will have to consider our domiciliary Maternity and Child Welfare Services, and how, and in what manner and to what extent these should be developed. We will also have to consider the taking over of the Maternity and Child Welfare Services in the Borough of Workington, which pass to us under the new proposals.

(4) We will have to consider our position as a Local Supervising Authority for Midwives, and the adequacy of our midwifery services.

(5) We will have to consider the new duties falling on health visitors, and the question of expanding our staff of health visitors.

(6) We shall have to consider the very difficult question of carrying out our obligation of providing home nursing to all persons who require nursing in their own homes.

The problem of the shortage of nurses is well recognised, and whether it is decided to ask the Cumberland Nursing Association to act as our agents in this matter—if they are willing to continue to do so—or not, the question of the carrying out of this particular duty will present the greatest difficulty for some time to come. Some changes in our nursing organisation will, I feel, be necessary.

(7) We will have to make arrangements with medical practioners in the area, in respect of vaccination and immunisation against diphtheria.

(8) With regard to the new ambulance services, we will have to ascertain in detail the present position, the adequacy, and the mechanical soundness of the present ambulances, and to decide whether the County Council is to establish and maintain its own ambulance service, with drivers and attendants, or whether we are to approach existing ambulance authorities, to carry on these services, if they are willing to do so.

(9) We must consider what steps we are to take to carry out our new duties for the prevention of illness, and the after-care of persons suffering from illness or mental defect.

(10) We will have to consider our relationship to all voluntary organisations which may be concerned in this or other matters.

(11) We must consider what, if anything, we propose to do, in the matter of providing domestic help to households requiring the same, for the reasons given earlier.

(12) We will have to ascertain what new duties, if any, fall to us under the headings of Mental Treatment and Infectious Disease.

APPENDIX "B."

SOME NOTES ON THE TUBERCULOSIS POSITION IN CUMBERLAND.

The state of affairs in the Ennerdale Rural District, to which I have frequently drawn your attention, has from time to time focussed attention on the tuberculosis problem and what we are doing about it. The matter was discussed at some length and from various angles at the meeting of the Council early in 1946. I would like to have had an opportunity of replying to this debate, to review the position generally, and to clear up certain misconceptions which arose. Even now, although some months have elapsed, it is worth while, I think, doing this, because many members of the Council will remember much, or at least something, of what was said at the time. The points raised were :—

(1) The situation in Ennerdale Rural District and the findings of the investigation carried out in Cleator Moor during 1945.

(2) The need for more sanatorium beds, and the possibility of providing these by prefabricated huts.

(3) Mass Radiography.

(4) The adequacy or otherwise of the services provided at Blencathra Sanatorium.

(1) At the outset may I say that, as a County, we have for a long time had the unenviable record of being the highest or second highest county in England in respect of the incidence of pulmonary tuberculosis. I do not know what the position has been in the last 7 years since the outbreak of war, but previously the County of Durham and the County of Cumberland were running neck and neck in this matter. It is perhaps significant that both Counties are mining areas.

As to the result of the findings of the investigation carried out in Cleator Moor during 1945, the result has been completely inconclusive. The figures were of course small, but all the circumstances available in the case of deaths (145) from pulmonary tuberculosis over a period of 10 years were fully examined. These factors included such matters as—

(a) Occupation—especially with reference to iron ore mining.

(b) The effect of emigration to the South African Gold Fields and the return of persons who had developed tuberculosis there to the Ennerdale district.

(c) The influence of race and nationality arising out of the high proportion of Irish in the district.

(d) The effect of bad housing.

(e) The economic depression, and so forth and so on.

All the evidence collected was carefully examined and was in due course submitted for analysis to a statistician, but the plain truth is that nothing definite has emerged beyond that a combination of circumstances have contributed to the position.

As I have said before I think the tuberculosis incidence in Cleator Moor in the age groups 15 years to 35 years inclusive, and including both males and females, *must be just about the highest in England.*

(2) With regard to the need for more sanatorium beds and the question of supplementing these by the provision of prefabricated huts, it may I think be well to say at once that we are today occupying a higher number of sanatorium beds than we have ever used before. We are in fact fortunate in having been able to increase our quota of these beds because not many areas have been so fortunate. In the last ten years we have practically doubled our sanatorium provision. As has been noted elsewhere in this report, if not adequately provided with sanatorium beds for adults, at least we are not in a bad position, and we are also adequately provided with beds for surgical tuberculosis. We are badly off for children's beds, and we have no beds for advanced cases at all. Some of this is repetition, but the importance of the subject justifies this. Generally speaking our waiting lists are relatively small, and the time lag is now relatively short compared to many other areas.

I think it well therefore to make it clear that there is no *urgent* need at the moment for more sanatorium beds as such, nor would the provision of prefabricated huts—if these could be obtained and erected somewhere within a reasonable period of time—be any satisfactory solution. The truth is that if we had these huts I do not for a moment think we would be able to staff them, on account of the shortage of nurses and domestic staff.

It is not sanatorium beds as such that we need but beds for advanced cases. The problem of course is not merely one of the provision of beds. The nursing position is such that it is practically impossible to obtain sufficient nurses to deal with cases of this kind which involve exceptionally heavy nursing.

I have pointed out over and over again that, so long as advanced and infective cases are allowed to mingle freely with the rest of the population, the problem of pulmonary tuberculosis will not be solved.

Nevertheless we are living in this area at present in a vicious circle. The usual practice is that a patient who has become advanced, or is reaching that stage, and who is not responding to sanatorium treatment returns home where, often in most unsatisfactory housing circumstances, he mingles freely with the other members of his family or household. Men with advanced tuberculosis, who are highly infectious, frequently sleep with their wives, and women frequently sleep with their children. They sit in small kitchens or other rooms, often over-crowded, and with windows and doors closed, and cough and spit to their hearts' content. Pulmonary tuberculosis is in the main an air-borne infection and so long as the above state of affairs exists—and I think it exists from one end of England to the other—we will never eliminate the problem of tuberculosis.

The solution, as I have pointed out often before, is the provision of special accommodation, not of course sufficiently isolated or segregated as to carry a stigma, for the advanced and infectious cases of tuberculosis, where the unfortunate sufferers would be content to spend their last few months or years, under circumstances providing a maximum of comfort and interest, accessible to their families for frequent visitation, but *not* living in the family circle spreading infection to their contacts. This in my view is not a Cumberland problem, it is a national problem, but it hits us worse than most areas, and keeps our incidence of tuberculosis high *because we have no provision for advanced cases at all.*

In spite of these and other factors, of which the chief is the bias provided by the situation in the Ennerdale Rural District, and one or two other black spots ; in spite of the relatively smaller financial resources of the County; in spite of the long period of economic depression from which we suffered before the war ; in spite of the fact that iron ore mining was until recently one of our main industries ; and in spite of our failure to provide beds for the segregation of the advanced cases ; in spite of all these things it is a remarkable thing that our mortality rate from all forms of tuberculosis compares not too unfavourably with other areas.

Take for example the case of Lancashire, the County in which I imagine greater efforts have been put into the campaign against tuberculosis than anywhere else in England. Lancashire has for many years had a highly specialised and organised tuberculosis service ; the resources of the County are vastly greater, and I suppose that nothing which could have been done has been left undone. I recently saw the figures for Lancashire for 1944. During that year the Lan-

PULMONARY TUBERCULOSIS

NOTIFICATIONS

RATE—PER MILLION POPULATION

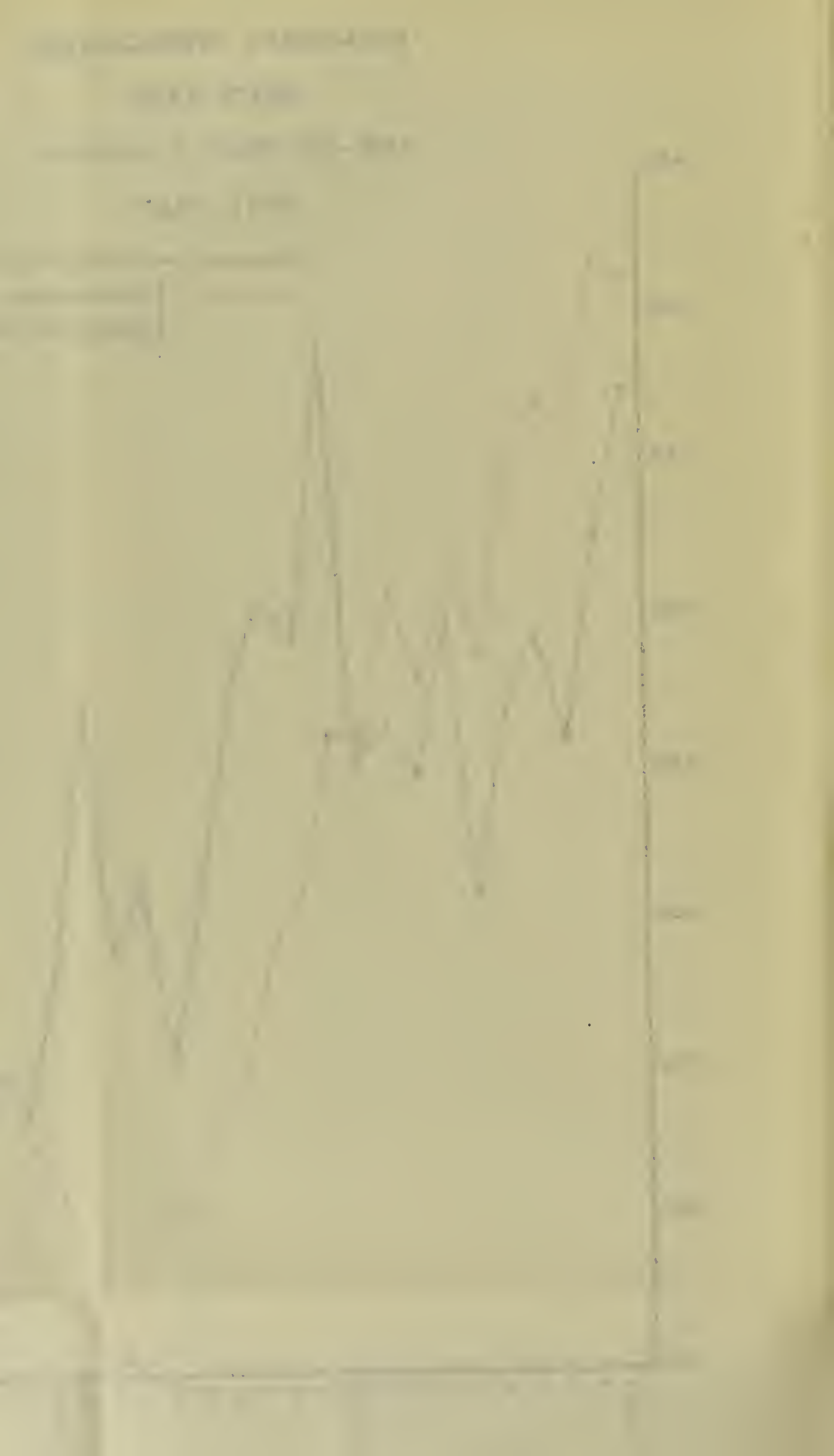
1925 - 1944

PULMONARY TUBERCULOSIS

DEATH RATE

RATE—PER MILLION POPULATION

1921 - 1944



cashire County Council had an estimated gross expenditure on the tuberculosis service of £360,000, and maintained what I imagine would be everywhere recognised as a model service. During the same year we estimated for £24,000 and maintained a service which, while it is as good as we can make it with the facilities at our disposal, is nevertheless one in which many things are lacking. In spite of all these adverse factors, outlined above, which load the dice against us, it is curious that in 1944—the last year for which I have the figures—the death-rate per 100,000 of the population for the two Counties was not separated by a wide margin.

Here are interesting comparative figures :—

Tuberculosis Death Rate from all forms, expressed per 100,000 of the population.

	1913.	1944.
Lancashire	142 ..	51
Cumberland	130 ..	59

Frankly the comparative figures are surprising, and I do not know the answer.

(3) **Mass Radiography.**—I hope that before long we may be able to have a mass radiography unit working in certain areas of Cumberland. So far as my information goes the number of these units working in the Country is still very small. The initial cost of the unit is relatively small, say £3,000, but the maintenance of the unit and of the trained team involves, I understand, an average annual expenditure of about £6,000. The unit without the trained team is of course useless, and I believe the position to be that, even if the necessary units were available, the trained teams are not.

We have to bear in mind also that this County is not large enough to maintain, as a permanent part of its Health Services, a mass radiography unit. Even if we were joined by the City of Carlisle and Westmorland County we would still not be large enough to utilise this provision as a permanent feature. What we undoubtedly could do with great advantage would be to utilise at intervals the loan of such a unit in such areas as the Ennerdale Rural District, so that the position there might be fully explored.

At the same time let it be quite clear that the provision of a mass radiography unit would not solve our tuberculosis problem. The discovery of cases is of course only one side of the picture. On the other side is the provision of dispensary supervision, necessary sanatorium and other treatment, and all the rest of it. Mass radiography does not

solve, and does not affect, what in my view is the crux of the whole matter, namely, the prevention of the creation of new cases by the transmission of infection by advanced infective cases.

Let us have mass radiography here, if we can, by all means—it will be of the utmost assistance in defining the scope of the problem—and it will bring to light many unsuspected or early cases, but it will *not* solve the problem. Do not let us expect too much from it.

(4) **Blencathra Sanatorium.**—This matter received considerable publicity at your meeting to which I have referred. Certain things were said out of which misapprehensions might arise, and now that it seems practically certain at the time of writing this report that the administration of this Institution will be transferred to the County Council at an early date, for such period as may elapse until the Institution is taken over by the Ministry, it is doubly important to clear up the matter.

Blencathra Sanatorium was established at a time when it was considered that certain altitudes, often not easily accessible, were essential in the treatment of this condition. That idea is now finally exploded. The essential thing is that treatment wherever carried out should be on modern lines, and that the sanatorium should be readily accessible to visits by friends and relations, so that the patients may remain contented and may complete the lengthy periods of institutional treatment which their condition demands.

The Committee of the Blencathra Sanatorium have never had at their disposal unlimited funds, and the buildings, which came in for considerable criticism in the Hospital Survey Report, are not modern. Recent investigations, preliminary to the taking over of the administration of the Sanatorium by the County Council at an early date, have shown that the chief problems appear to be inadequate heating, the question of conversion of the electrical supply from D.C. to A.C. current by a transfer to the grid, the lack of a treatment room and the arrangements for the disposal of sewage. Other points may emerge when we take over.

There was a time a number of years ago when other matters left a great deal to be desired—that time is now gone or going—and it is only fair to say that, subject to the limitations I have referred to, treatment at the Sanatorium is now carried out on modern lines, in conjunction, when surgical treatment of the lung is called for, with the consulting surgeons in Carlisle.

It would be most unfortunate if the impression were to get abroad that the patients in this Sanatorium are ill-cared for, or inadequately treated. That is most definitely not true. The location of the Sanatorium is not one which would be chosen today. There are inadequate facilities in certain directions, for example, as the Survey Report points out, for graduated gentle exercise, but in these and in the other defects to which I have referred lie the only grounds for criticism as I see it.

It is recognised that a substantial sum of money, estimated at £20,000 will be required to modernise the institution. One would venture to hope that the necessary improvements may be put in hand at an early date.